

Domestic Security Service - Bureau of Internal Security

Washington, D.C.

New York 2

Mr. Tolson
Mr. Boardman
Mr. Nichols
Mr. Belmont
Mr. Ladd
Mr. Clegg
Mr. Glavin
Mr. Harbo
Mr. Rosen
Mr. Tracy
Mr. Egan
Mr. Gurnea
Mr. Hendon
Mr. Pennington
Mr. Quinn
Mr. Nease
Mr. Gandy

Mr. Paul G. Hoffman, Administrator
Economic Cooperation Administration
Washington 25, D.C.

Dear Mr. Hoffman:

I understand that you have accorded an interview to Mr. Howard Hunt with a view to considering his possible appointment to the staff of the Economic Cooperation Administration.

It may be of aid to you in considering Mr. Hunt's qualifications to know that the character of his service with the Office of Strategic Services was of a highly confidential nature.

Mr. Hunt's performance of his duty in the Office of Strategic Services was of a highly confidential nature. He was frequently served in China as a member of the staff of the Office of Strategic Services, in which capacity his duties consisted principally of establishing and maintaining the reports to Washington of the various operations and activities of the Office of Strategic Services in China. He was at that time and until the end of the war, a member of the staff of the Office of Strategic Services in China and was familiar with these services rendered by the Office of Strategic Services in China. He was at that time and until the end of the war, a member of the staff of the Office of Strategic Services in China and was familiar with these services rendered by the Office of Strategic Services in China.

Very truly yours,
Paul G. Hoffman
Paul G. Hoffman

SECRET
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

HUNT E. HOWARD

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

- | | |
|---|---|
| / | 1. Standard Form 3 (Notice to Federal Employee about Unemployment Compensation).
<i>Observed</i> |
| / | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). <i>Observed</i> |
| | 3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954). |
| / | 4. Standard Form 2802 (Application for Refund of Retirement Deductions).
<i>NA</i> |
| / | 5. Form 2595 (Authorization for Disposition of Paychecks).
<i>NO CHANGE</i> |
| | 6. Applicable to returnee (resignee from overseas assignment).
I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.
<input type="checkbox"/> Appointment arranged with Office of Medical Services.
<input type="checkbox"/> Appointment for Office of Medical Services examination declined. |

Howard Hunt
Robert R. Mullen & Co.
1729 H Street, N.W.
Washington, D.C. 20006
ME 8-2526

conflict of interests' policy of the Agency and s-regard concerning my new employment.

Leave).

ment Rights of Federal Employees Performing Armed

13. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee

E. Howard Hunt

Date Signed

24 Apr

Address (Street, City, State, Zip Code)

*1170 River Rd.
Baltimore, Md. 20854*

Correspondence

☒ Overt

☐ Covert

SECRET

FECHA

STANDARD FORM 57 NOV 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

APPLICANT'S EXPIRES
NOV 10 1948

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WHITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNCLASSIFIED examination, read this application to the office named in the announcement. Be sure to send to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTION: (If mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4. DATE OF THIS APPLICATION

5. NAME (First name) (Middle) (Maiden, if any) (Last)

6. (A) STREET AND NUMBER OR R. D. NUMBER

7. (B) CITY OR POST OFFICE (including postal zone) AND STATE

8. (A) OFFICE PHONE (B) HOME PHONE

9. DATE OF BIRTH (month, day, year)

10. (A) MARRIED (B) SINGLE

11. PLACE OF BIRTH (City and State if born outside U. S., name city and country)

12. (A) MALE (B) FEMALE (C) HEIGHT WITHOUT SHOES (D) WEIGHT

13. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? (B) YES (C) NO

14. (A) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (B) PER YEAR

16. (A) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR (B) 1 TO 3 MONTHS (C) 3 TO 6 MONTHS (D) 6 TO 12 MONTHS

17. (A) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: (B) IN WASHINGTON, D. C. (C) ANYWHERE IN THE UNITED STATES (D) OUTSIDE THE UNITED STATES

18. (A) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

19. (A) IF YOU ARE WILLING TO TRAVEL, SPECIFY: (B) OCCASIONALLY (C) FREQUENTLY (D) CONSTANTLY

20. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the employing agency to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, giving credit for the position of tasks which you performed in it. If you have been employed in a position of temporary employment, experience gained more than 12 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be given in the space below in its proper sequence.

21. (A) If you were ever employed in any position under a name different from that which is on this application, give name and address of your employer for each position in the space below.

22. (B) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

23. PRESENT POSITION

24. DATE OF EMPLOYMENT (month, year)

25. FROM TO PRESENT TIME

26. PLACE OF EMPLOYMENT (City and State)

27. NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal name department, bureau or establishment, and division)

28. NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

29. DESCRIPTION OF YOUR WORK

30. CLASSIFICATION GRADE (if in Federal Service)

31. SALARY OR EARNINGS STARTING PRESENT PER YEAR

32. NAME AND TITLE OF IMMEDIATE SUPERVISOR

33. KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance agency, manufacture of books, etc.)

34. REASON FOR TURNING TO CIVIL EMPLOYMENT

35. AUTHORITY: novels and magazine stories

(CONTINUED ON NEXT PAGE)

16-62010-1

DESCRIPTION OF YOUR BUSINESS

③ DATES OF EMPLOYMENT (month, year) FROM <u>Oct. 1942</u> TO <u>Jan. 1943</u>		EXACT TITLE OF YOUR POSITION <u>Sergeant Writer</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ <u>600</u> PER MONTH FINAL \$ <u>600</u> PER MONTH
PLACE OF EMPLOYMENT (city and State) <u>New York, N.Y.</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Louis de Rochemont - Editor</u>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <u>The March 2 Time Company</u>		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale bill, insurance agency, manufacture of locks, etc.) <u>Newsreel producer</u>		
NUMBER AND KIND OF EMPLOYERS SUBMITTED BY YOU		REASON FOR LEAVING <u>go overseas w/ Life</u>		
DESCRIPTION OF YOUR WORK				

DESCRIPTION OF YOUR WORK

④ DATES OF EMPLOYMENT (month, year) FROM _____ TO _____	BRANCH TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS	
			STARTING \$ _____	PER \$ _____
PLACE OF EMPLOYMENT (city and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (Army, Government, or person, if Federal; name, department, bureau or establishment, and division)	KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale and insurance agency, manufacture of hats, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING			

RESISTANCE OF POLYMER

⑤ DATES OF EMPLOYMENT (month, year) FROM <u>10</u> TO <u>10</u>		EXACT TITLE OF YOUR POSITION <u>USNR Midshipman's Course</u>		CLASS (if on active service) STARTING <u>1</u> FINAL <u>1</u>		SALARY OR EARNINGS STARTING <u>1</u> FINAL <u>1</u>																					
PLACE OF EMPLOYMENT (city and State) <u>U.S. Naval Academy</u>				NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>USNR Midshipman's Course</u>																							
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <u>U.S. Naval Academy</u>				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance agency, manufacture of books, etc.) <u>U.S. Naval Academy</u>																							
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u>None</u>				REASON FOR LEAVING <u>Completed course</u>																							
DESCRIPTION OF YOUR WORK <u>Midshipman's Course</u>																											
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of the application.																											
12. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under item 10) that would assist you in your present position. Indicate actual amount of training received, such as hours per week. Include information regarding any special service awards you received (if any). (Use separate pages if necessary to give full descriptions.)																											
DATES FROM <u>2/41</u> TO <u>5/41</u>		LOCATION <u>U.S. Naval Academy</u>		DESCRIPTION OF TRAINING <u>USNR Midshipman's Course</u>																							
<u>1/44</u> <u>6/44</u>		<u>Miami Beach</u>		<u>AAF/OCS</u>																							
<u>6/44</u> <u>8/44</u>		<u>Oriando, Fla.</u>		<u>AAF Combat Intelligence School</u>																							
<u>1/45</u> <u>3/45</u>		<u>Catalina Island</u>		<u>Office of Strategic Services</u> <u>Clandestine School</u>																							
13. EDUCATION (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 <input checked="" type="checkbox"/> 12																											
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL																											
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY <u>Brown University</u> <u>Providence, R.I.</u>				(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED <u>Hamburg High School, N.Y.</u>																							
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS <u>English Literature</u> <u>Economics</u> <u>Sociology</u>				(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">DATES ATTENDED</th> <th>YEARS COMPLETED</th> <th>COURSES COMPLETED</th> <th>SEMESTER</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th>YEAR</th> <th>TITLE</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td><u>1936</u></td> <td><u>1940</u></td> <td><u>4</u></td> <td><u>AB</u></td> <td><u>June 1940</u></td> </tr> </tbody> </table>				DATES ATTENDED		YEARS COMPLETED	COURSES COMPLETED	SEMESTER	FROM	TO	YEAR	TITLE	DATE	<u>1936</u>	<u>1940</u>	<u>4</u>	<u>AB</u>	<u>June 1940</u>					
DATES ATTENDED		YEARS COMPLETED	COURSES COMPLETED	SEMESTER																							
FROM	TO	YEAR	TITLE	DATE																							
<u>1936</u>	<u>1940</u>	<u>4</u>	<u>AB</u>	<u>June 1940</u>																							
(E) OTHER TRAINING SUCH AS VOCATIONAL BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN-SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT <u>See list attached</u>																											
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">LANGUAGE</th> <th colspan="2">READING</th> <th colspan="2">SPEAKING</th> <th colspan="2">UNDERSTAND</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><u>Spanish</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>								LANGUAGE	READING		SPEAKING		UNDERSTAND		YES	NO	YES	NO	YES	NO	<u>Spanish</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LANGUAGE	READING		SPEAKING		UNDERSTAND																						
	YES	NO	YES	NO	YES	NO																					
<u>Spanish</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRY, INDICATE (1) NAME OF COUNTRY (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) PLACE OF PURPOSE (e.g., military service, business, education, recreation) <u>See list attached</u>																											
21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE SAFELY AND TO FULL ADVANTAGE <u>Covered in detail: "Who's Who in the East" Vol. II</u>																											
22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE. FIRST LICENSE OR CERTIFICATE (YEAR) LATEST LICENSE OR CERTIFICATE (YEAR)																											
23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) YOUR MOST IMPORTANT PUBLICATIONS (do not submit copies unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES ETC. (5) AWARDS AND FELLOWSHIPS RECEIVED																											
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING..... SHORTHAND.....																											

24. REFERENCE: List three persons living in the your State or Territories of the United States who are "you" you are applying. Do not repeat names of super		25. TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF your State or Territories of the United States who are "you" you are applying. Do not repeat names of super	
FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION	BUSINESS OR OCCUPATION
Maj. Gen. Wm. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney	
John C. Farrar	53 East 34th Street, New York 18	Publisher	
Paymond Rubicam	444 Madison Avenue, New York 18	Executive	

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	<input type="checkbox"/>	<input type="checkbox"/>
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY SUBSIDIARY ORGANIZATION?	<input type="checkbox"/>	<input type="checkbox"/>
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY SUBSIDIARY ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PRACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, USC Form 16, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, ORDER, OR COMBINATION OF PERSONS WHICH ADVERTISE THE OBTAINING OF A CONSTITUTIONAL FORM OF GOVERNMENT OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATE A POLICY OF ADVOCATING OR APPROPRIATING THE COMBINATION OF ARMS, OR FORCE, OR VIOLENCE TO EXERCISE OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer to question 27, 28, or 29 above is "yes," state in Item 30 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(b) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, RULE, REGULATION OR ORDINANCE INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTUITURE OF \$25 OR LESS WAS IMPOSED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(c) HAVE YOU EVER BEEN IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," list all such cases under Item 30 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed your representative will be taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(d) DATE OF ENTRY INTO UNITED STATES MILITARY OR NAVAL SERVICE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," give in Item 31 the name and address of employer, date, and location in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(e) DATE OF ENTRY INTO UNITED STATES MILITARY OR NAVAL SERVICE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(f) DATE OF ENTRY INTO UNITED STATES MILITARY OR NAVAL SERVICE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," give dates of and reasons for such barment in Item 30.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(g) DATE OF ENTRY INTO UNITED STATES MILITARY OR NAVAL SERVICE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH MIGHT BE CONSIDERED IN ASSIGNING YOU TO WORK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(h) DATE OF ENTRY INTO UNITED STATES MILITARY OR NAVAL SERVICE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," give complete details in Item 30 so that consideration can be given to your physical fitness for the job.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(i) DATE OF ENTRY INTO UNITED STATES MILITARY OR NAVAL SERVICE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMMISSION FOR MILITARY OR NAVAL SERVICE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(j) DATE OF ENTRY INTO UNITED STATES MILITARY OR NAVAL SERVICE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," give complete details in Item 30.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(k) DATE OF ENTRY INTO UNITED STATES MILITARY OR NAVAL SERVICE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Questions 17 above has been verified by comparison with the discharge certificate on 6-1 10-48

Agency: _____ Title: _____

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: Edward J. Donovan

(Sign your name in ink. Give your street, city or town, and if married, your full name and surname. If from our own given name as "Mrs. Mary L. (Doe)";

GENERAL INFORMATION		PERSONAL DATA	
NAME (Last, First, Middle)		DATE OF BIRTH	
ADDRESS (Street, City, State, Zip)		CITY OF RESIDENCE	
OCCUPATION		EDUCATION	
MARITAL STATUS		MILITARY SERVICE	
RELIGION		POLITICAL AFFILIATION	
PARENTS (Name, Address)		CHILDREN (Name, Date of Birth)	
SOCIAL SECURITY NUMBER		FINGERPRINTS	
PHOTOGRAPH		SIGNATURE	

DECLARATION: I hereby declare that the foregoing information is true and correct to the best of my knowledge and belief.

Signed: _____

Witness: _____

Notary Public: _____

The image shows a document page with a table structure. The table has multiple columns and rows, but the text is too noisy and low-contrast to be transcribed accurately. The layout appears to be a standard ledger or data table with several columns of varying widths.

[illegible][illegible][illegible]

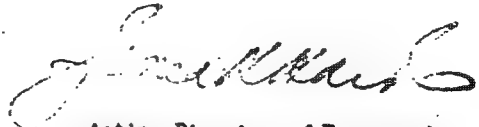
[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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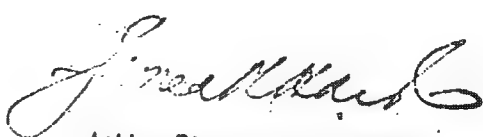
ECONOMIC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MRS. - FIRST - MIDDLE INITIAL - LAST) Mr. E. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18		3. JOURNAL OR ACTION NO. & DATE 64 5-17-48	
This is to notify you of the following action affecting your employment:					
4. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Temporary Appointment, C.S. Reg. 2.114(n)		5. EFFECTIVE DATE 5-17-48		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO			
		8. POSITION TITLE Information and Editorial Spec. 9. SERVICE, GRADE, SALARY JAF-13, \$6905.20 per annum CSC No. 103 - Series 1230 10. ORGANIZATIONAL DESIGNATIONS Press Information Division 11. HEADQUARTERS Washington, D. C.			
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL			
13. REMARKS Subject to loyalty and security check. Subject to satisfactory medical examination. Affidavit "Striking Against the Federal Government" signed. Not eligible for within grade salary advancements. Entrance efficiency rating: Good					
<div style="text-align: right;">  Acting Director of Personnel </div>					
15. VETERAN'S PREFERENCE				16. POSITION CLASSIFICATION ACTION	
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ECONOMIC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MISS, MRS., FIRST, MIDDLE INITIAL, LAST) Mr. E. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18	3. JOURNAL OR ACTION NO. 64	4. DATE 5-17-48
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Temporary Appointment, C.S. Reg. 2.114(n)		6. EFFECTIVE DATE 5-17-48	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
		8. POSITION TITLE Information and Editorial Speco.		
		9. SERVICE, GRADE, SALARY OAF-12, \$6005.20 per annum CSC No. 103 - Series 1230		
		10. ORGANIZATIONAL DESIGNATIONS Press Information Division		
		11. HEADQUARTERS Washington, D. C.		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. REMARKS Subject to loyalty and security check. Subject to satisfactory medical examination. Affidavit "Striking Against the Federal Government" signed. Not eligible for within grade salary advancements. Entrance efficiency rating: Good				
14. SIGNATURE OR OTHER AUTHENTICATION  Acting Director of Personnel				
15. VETERAN'S PREFERENCE NONE <input checked="" type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> 15 POINT <input type="checkbox"/> 20 POINT <input type="checkbox"/> 25 POINT <input type="checkbox"/> 30 POINT <input type="checkbox"/> 35 POINT <input type="checkbox"/> 40 POINT <input type="checkbox"/> 45 POINT <input type="checkbox"/> 50 POINT <input type="checkbox"/> 55 POINT <input type="checkbox"/> 60 POINT <input type="checkbox"/> 65 POINT <input type="checkbox"/> 70 POINT <input type="checkbox"/> 75 POINT <input type="checkbox"/> 80 POINT <input type="checkbox"/> 85 POINT <input type="checkbox"/> 90 POINT <input type="checkbox"/> 95 POINT <input type="checkbox"/> 100 POINT <input type="checkbox"/> 105 POINT <input type="checkbox"/> 110 POINT <input type="checkbox"/> 115 POINT <input type="checkbox"/> 120 POINT <input type="checkbox"/> 125 POINT <input type="checkbox"/> 130 POINT <input type="checkbox"/> 135 POINT <input type="checkbox"/> 140 POINT 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AFFIDAVIT

STRIKING AGAINST THE FEDERAL GOVERNMENT

Economic Cooperation Administration
(Dept. or Estab)

(Bureau or Office)

Washington, D. C.
(Place of Employment)

- I. I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.
- II. I am loyal to the United States, its Constitution and form of Government, and I am not now a member of any organization advocating, to the best of my belief, contrary views, nor have I ever been a member of any organization advocating, to the best of my belief, contrary views during the period of my membership.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 17th day of

May, 1948 at Washington, D. C., State of

Mary D. Nakamura (Name) Appointment Clerk (Title)

Economic Cooperation Administration, Washington, D. C.
Act of June 26, 1943, Sec. 206

**OATH OF OFFICE, AFFIDAVIT,
AND
DECLARATION OF APPOINTEE**

Economic Cooperation Administration Washington, D. C.

(Department or Establishment)

(Bureau or Division)

(Place of Employment)

**A.
OATH OF
OFFICE**

I, E. Howard Hunt, Jr.
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

**B.
AFFIDAVIT**

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

**C.
DECLARATION
OF APPOINTEE**

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee, and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. 57, dated 12 May, 1944, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

Subscribed and sworn before me this 17th day of May, A. D., 1948
at Washington, D. C.

[SEAL]

M. J. Buchanan
(Signature of Officer)

Appointment Clerk, Economic Cooperation Admin
Act of June 26, 1943, Section 206

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

5-17-48

(Date of Expiration on Duty)

Information and Editorial Spec, CAF-12

(Division to which assigned)

10-9-18

(Date of Entry)

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for the revocation of appointment or dismissal after appointment. Falsity constitutes a criminal offense and will be prosecuted accordingly.

2. Personal Address

Class and Number

1. Dry and Stable

2. What should be noted in case of emergency?

Name: _____

(kō-shūnshīp)

Telephone:

City and State

2. Does the U.S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No. If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or place in which employed	Rank or grade	Married or single	Age
		1. 2. 3.			
		1. 2. 3.			
		1. 2. 3.			

4. Flow of Funds

Topic

City or Country

Indicate "Yes" or "No" answer by placing X in proper column.

Yes		No
-----	--	----

13. Some big details

ITEM

See for detailed answers to other questions

2. Are you a citizen of the United States?

8. Information from Bureau was furnished via

8. If foreign born, have you furnished proof of naturalization or extension to (U) the U. S. Civil Service Commission?

(2) Is money in connection with this appointment?

7. Since you filed application resulting in this agreement, has there been any change in the status of your citizenship or of the persons through whom you claim your citizenship?

2. Is he/she held any position or office under the United States or any State, Territory, County, or Municipality?.....
 Yes, specify the office, position, and salary under item 13.

(2) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?

Q. Do you receive any pension or other benefit for military or naval service or on account from the U. S. or D. C. Government? Under any law or act?

A. Yes, give benefit under laws I am stating whether you were retired for any length of service or disability amount of retirement pay and under what retirement act, and rank, if retired from military or naval service.

12. Have you had discharges resulting in this appointment have you been discharged for conduct or unsatisfactory service or known to have in fact one condition?.....

13. Do you know from 12. where employer's name and address of employer and the reason for discharge in each case

11. Have you had application resulting in this appointment have you been appointed or nominated in any civil or military post as a reservist or selected for or convicted of any offense finding of guilt?

12. Has any case ever given under Item 12 (1) the date, (2) the name and nature of the court, (3) the nature of the offense or violation and (4) the penalty, if any, imposed, or other disposition.

ITEM

Place in job column numbers of items to which detailed answers apply

NU

निम्नलिखित तालिका में प्रत्येक पंक्ति में एक ही प्रकार के वस्तुओं के नाम दिए गए हैं। इनमें से दो वस्तुओं के नाम जोड़कर एक ही शब्द बनाइए।

INSTRUCTIONS TO APPOINTING OFFICER

The approving officer before whom the forwarding certificate is made shall determine if it is an endorsement that the agreement would be in accordance with the War Service Act applied to the individual under the War Service Regulations and not a reference pertaining to agreement.

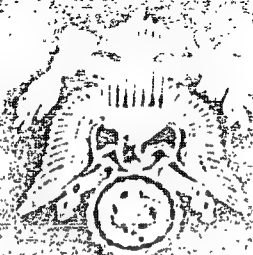
There were also the effects of his holding of office: promotion, placement of office, political and economic life and career, and the social and political atmosphere to create problems regarding political activity and party unity in the leadership.

C. Identity of structures with the applicant whose appointment was a threat. The applicant's appointment as a member of the Government Council with a salary of 100,000 rubles per month, and the office of Deputy Minister of the Interior and Deputy of the Council of Ministers. The applicant's appointment to general and special duty, his agreement with his previous statements.

other. The Civil Service Commission indicates on applications showing through birth that citizenship has been verified. The appointing officer should verify attainment of the list of signatures on the paper of authority. If the appointing officer shows the requirement met, no record of citizenship is to be maintained. If the appointing officer shows a record but cannot find out from whom shown through birth, the appointing officer in the United States, the cases should be referred to the Civil Service Commission.

(4) Members of Family.—Section 9 of the Civil Service Act of 1908 provides that whenever there are two or more persons of the same family who are eligible for appointment to the same position, the one of them who is determined to be the most qualified shall be appointed. In the case of the members of the family of a person who is appointed to a position, the appointment of the other members of the family to the same position shall be deferred until the first member of the family who is appointed to a position shall have been promoted to a position of higher grade than that of the position to which the other member of the family was appointed. The members of the family of a person who is appointed to a position shall be considered as members of the family of the person who is appointed to the position. The members of the family of a person who is appointed to a position shall be considered as members of the family of the person who is appointed to the position.

My dear Mr. [illegible]



NAME	DATE	TIME	PLACE
JOHN DOE	10/10/77	10:00	NEW YORK
JOHN DOE	10/10/77	10:00	NEW YORK
JOHN DOE	10/10/77	10:00	NEW YORK

NAME	DATE	TIME	PLACE
JOHN DOE	10/10/77	10:00	NEW YORK
JOHN DOE	10/10/77	10:00	NEW YORK
JOHN DOE	10/10/77	10:00	NEW YORK

NAME	DATE	TIME	PLACE
JOHN DOE	10/10/77	10:00	NEW YORK
JOHN DOE	10/10/77	10:00	NEW YORK
JOHN DOE	10/10/77	10:00	NEW YORK

BUREAU OF NAVIGATION

[illegible]

A black and white photograph of a large, rectangular, light-colored object, possibly a piece of machinery or a large box, resting on a dark, textured surface. The object has a dark, rectangular feature on its top surface. The background is dark and textured.

Army of the United States



Honorable Discharge

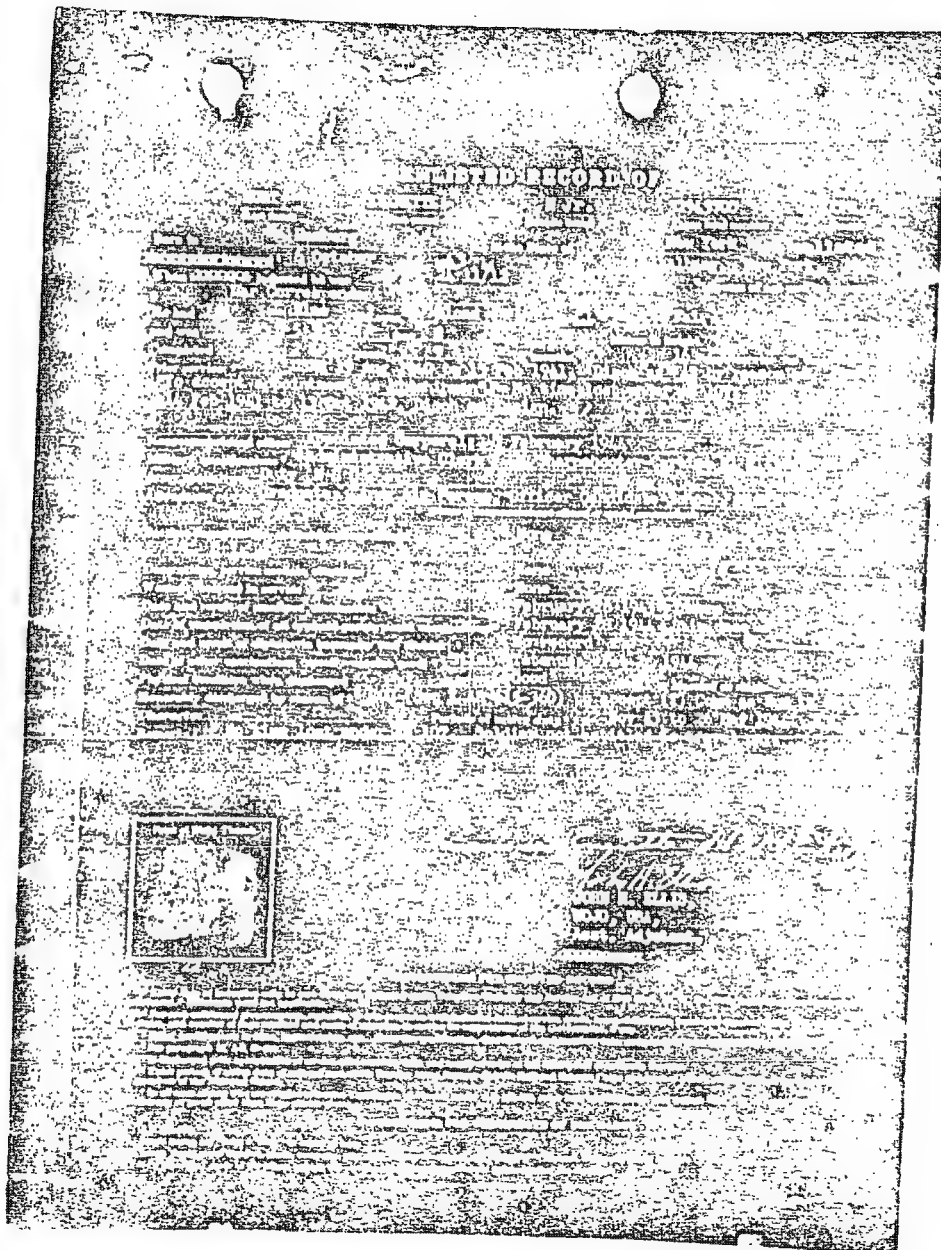
1970-1971

THE UNIVERSITY OF CHICAGO

[Faint handwritten notes, possibly bleed-through from the reverse side.]

— 22 —

100



STANDARD FORM 57- NOV. 1947

U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

APPROVAL EXPIRES NOV. 14, 1953

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a position United States Civil Service Commission, read the examination announcement carefully and follow all instructions. If you are applying for a WRITTEN examination, follow the instructions on the announcement regarding description of this application. If you are applying for an UNWRITTEN examination, read the application to the office named in the announcement, for you to read in the same office any other forms required by the announcement. Note the office with which you file this application and any change in your address.

APPLICATION NO.

ANSWER KEY

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTION: (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4 DATE OF THIS APPLICATION

5 MR. (First name) (Middle) (Last, if any) (Last)

6 (A) STREET AND NUMBER OR R. D. NUMBER

7 (B) CITY OR POST OFFICE (including postal zone) AND STATE

8 (C) GRADE OR RATING

9 (D) DATE OF BIRTH (month, day, year)

10 (E) PLACE OF BIRTH (City and State, if born outside U. S., name city and country)

11 (F) SEX

12 (G) HEIGHT WITHOUT SHOES

13 (H) WEIGHT

14 (I) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT?

15 (J) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT?

16 (K) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:

17 (L) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT, IF OFFERED, FOR:

18 (M) IF YOU ARE WILLING TO TRAVEL, SPECIFY:

19 (N) EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate blank for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained over than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blanks for which you are applying materially while working for the same employer, use a separate blank to describe each position. You may include any pertinent religious, civic, military, or organizational activities which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in each activity. Military experience should be described on the reverse below in its proper sequence.

20 (O) If you were ever employed in any position under a name different from that shown in item 5 of this application, give under "Description of your work" for each position, the name used.

21 (P) If you have never been employed or are now unemployed, indicate that fact in the space provided below in a "Present Position."

DO NOT WRITE IN THIS BLOCK

For Use of Civil Service Commission Only

APPROVED

NOT APPROVED

NATIONAL

DOMESTIC

RETURNED

RELATIONS

APR. REVIEW

OPTION

GRADE

SERIAL RATING

PREFER SCALE

ALPHA RATING

INITIALS AND DATE

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTION: (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4 DATE OF THIS APPLICATION

5 MR. (First name) (Middle) (Last, if any) (Last)

6 (A) STREET AND NUMBER OR R. D. NUMBER

7 (B) CITY OR POST OFFICE (including postal zone) AND STATE

8 (C) GRADE OR RATING

9 (D) DATE OF BIRTH (month, day, year)

10 (E) PLACE OF BIRTH (City and State, if born outside U. S., name city and country)

11 (F) SEX

12 (G) HEIGHT WITHOUT SHOES

13 (H) WEIGHT

14 (I) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT?

15 (J) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT?

16 (K) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:

17 (L) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT, IF OFFERED, FOR:

18 (M) IF YOU ARE WILLING TO TRAVEL, SPECIFY:

19 (N) EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate blank for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained over than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blanks for which you are applying materially while working for the same employer, use a separate blank to describe each position. You may include any pertinent religious, civic, military, or organizational activities which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in each activity. Military experience should be described on the reverse below in its proper sequence.

20 (O) If you were ever employed in any position under a name different from that shown in item 5 of this application, give under "Description of your work" for each position, the name used.

21 (P) If you have never been employed or are now unemployed, indicate that fact in the space provided below in a "Present Position."

DO NOT WRITE IN THIS BLOCK

For Use of Civil Service Commission Only

APPROVED

NOT APPROVED

NATIONAL

DOMESTIC

RETURNED

RELATIONS

APR. REVIEW

OPTION

GRADE

SERIAL RATING

PREFER SCALE

ALPHA RATING

INITIALS AND DATE

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTION: (if mentioned in examination announcement)

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(CONTINUED ON NEXT PAGE)

5 <small>U.S. GOVERNMENT PRINTING OFFICE: 1940</small>	NAME AND EMPLOYMENT (month, year) TO PLACE OF EMPLOYMENT (city and State)	CLASS TITLE OF YOUR POSITION (If in Gov. service) SALARY (or earnings) STARTING FINAL	PER MIN
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR INDUSTRY (to e. g., wholesale sale, insurance agency, manufacture of books, etc.)	
NUMBER AND KIND OF EMPLOYER SUPERVISED BY YOU		REASON FOR LEAVING	
DESCRIPTION OF YOUR WORK			
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and even number of the sheet. Attach to inside of this application.			
17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already paid under item 16) that would assist in performing duties in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service awards you attended is especially important. (Continuation pages may be used to give full descriptions.)			
DATE	TO	LOCATION	DESCRIPTION OF TRAINING
2/41	5/41	U.S. Naval Academy	USNR Midshipman's Course
1/44	6/44	Miami Beach	AAF/OCS
6/44	8/44	Orlando, Fla	AAF Combat Intelligence School
1/45	3/45	Catalina Island	Office of Strategic Services Clandestine School
18. EDUCATION (Circle highest grade completed). 1 2 3 4 5 6 7 8 9 10 11 12			
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF <input type="checkbox"/> ELEMENTARY SCHOOLS <input type="checkbox"/> JUNIOR HIGH SCHOOLS <input checked="" type="checkbox"/> SENIOR HIGH SCHOOLS			
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY		MAJOR AND SPECIALTY	
Brown University, English Providence, R.I.		English	
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS			
English Literature Economics Sociology			
(E) OTHER TRAINING SUCH AS VOCATIONAL BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT			
(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED		Hamburg High School, N.Y.	
(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED			
DATES ATTENDED FROM TO		YEARS COMPLETED DAY NIGHT	
1936 1940		4	
DEGREES CONFERRED TITLE DATE		AB June 1940	
LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS			
SUBJECTS STUDIED		DATES ATTENDED FROM TO	
YEARS COMPLETED DAY NIGHT		DEGREES CONFERRED TITLE DATE	
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES			
Spanish	READING YES NO X	SPEAKING YES NO X	UNDERSTANDING YES NO X
20. IF YOU HAVE PARTICIPATED OR BEEN IN ANY OF THE FOLLOWING ACTIVITIES, MARK (X) IN THE APPROPRIATE BOXES (Indicate and explain the nature and extent of your participation in each activity.)			
(a) MILITARY SERVICE (b) CIVILIAN SERVICE (c) BUSINESS SERVICE (d) EDUCATION (e) RECREATION (f) OTHER			
See list attached			
21. LIST ANY SPECIAL SKILLS, TALENTS, AND FACTORS WHICH WOULD BE OF USE IN YOUR EMPLOYMENT (e.g., foreign language, mechanical aptitude, etc.)			
Covered in detail: "Who's Who in the East" Vol II			
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPE (SHOW HAND)			

18 CONTINUED		CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER MONTH
② DATES OF EMPLOYMENT (month, year) FROM Jan. 1943 TO Oct. 1943 PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) "LIFE"		EXACT TITLE OF YOUR POSITION War Correspondent NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Longmell - Editor Publishing	600	Months
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING Enlisting in AAF		
DESCRIPTION OF YOUR WORK Travel with Naval combat group in S. Pacific. Report results of action.				
③ DATES OF EMPLOYMENT (month, year) FROM Oct. 1942 TO Jan. 1943 PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) The March of Time (Cinema)		EXACT TITLE OF YOUR POSITION Script Writer NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont - Editor Transmuel producers	600	Months
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING go overseas w/ Life		
DESCRIPTION OF YOUR WORK Developing screen narrative of a particular subject - writing narration & footage. Writing & producing Naval Training Films.				
④ DATES OF EMPLOYMENT (month, year) FROM TO PLACE OF EMPLOYMENT (city and State)		EXACT TITLE OF YOUR POSITION CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER MONTH
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		NAME AND TITLE OF IMMEDIATE SUPERVISOR KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		
DESCRIPTION OF YOUR WORK				

[illegible]

AFFIDAVIT
STRIKING AGAINST THE FEDERAL GOVERNMENT
DEPARTMENT OF STATE

Economic Cooperation Administration

(Place of Employment)

(Office or Division)

E. Howard Hunt, Jr.

I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I have not engaged in any strike against the Government of the United States, that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 3 day of June, 1948
at Washington, State of DC

Marion W. Wolf
(Signature of Officer)

Notary Public

(Title)

NOTE: Any officer or employee of the Department of State who is designated in writing by the Secretary to administer oaths in connection with employment as required by law is authorized to administer the affidavit required incidental to the foregoing and such affidavit must be administered without charge or fee and has the same force and effect as affidavits administered by officers having seals.

STATUTORY PENALTY CLAUSE: "Any person who engages in a strike against the Government of the United States or who is a member of an organization of Government employees that asserts the right to strike against the Government of the United States *** and accepts employment the salary or wages for which are paid from any appropriation contained in this Act shall be guilty of a felony and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both: Provide: further, that the above penalty clause shall be in addition to, and not in substitution for, any other provisions of existing law."

OATH OF OFFICE, AFFIDAVIT
AND
DECLARATION OF APPOINTEE

Economic Cooperation Administration

(Department or Establishment)

(Bureau or Division)

(Place of Employment)

A.
OATH OF
OFFICE

I, E. Howard Hunt, Jr.
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B.
AFFIDAVIT

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C.
DECLARATION
OF APPOINTEE

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee; and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. _____, dated _____, 19____, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

E. Howard Hunt, Jr.

Subscribed and sworn before me this 9 day of June A. D., 1948
at Washington DC
(City) (State)

[SEAL]

Marvin W. Will
Notary Public
(Signature of Officer) (Title)

My commission expires 14 Dec., 1948

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

9 June, 1948

(Date of Entrance on Duty)

F33-5; U.S. Media Specialist

(Position to which appointed)

Oct. 9, 1918

(Date of Birth)

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address 50 Willet St. Albany, N.Y.
(Street and Number) (City and State)

2. Who should be notified in case of emergency? Mr. E. H. Hunt
(Name) (Relationship)
50 Willet St. Albany, N.Y.
(Street and Number) (City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? No. If so, for each such relative fill in the blanks below. If additional space is necessary, complete under item 12.

Name	Residence address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Citizenship	Married or single	Age
1.					
2.					
3.					
1.					
2.					
3.					
1.					
2.					
3.					

4. Place of birth Hamburg, Erie County, N.Y.
(Town) (County) (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	12. Space for detailed answers to other questions.
5. Are you a citizen of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Write in left column numbers of items to which detailed answers apply</p> <p><u>ECA Information</u></p> <p><u>Specialist</u></p> <p><u>CAF 12</u></p> <p><u>85992-20</u></p>
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) this agency in connection with this appointment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you claimed your citizenship?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If so, state the place, position, and salary under item 12.			
(b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If so, give details under item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act and fund, if retired from military or naval service.			
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If so, give under item 12 where employed, name and address of employer and the reason for discharge in each case.			
11. Since you filed application resulting in this appointment, have you been arrested, or sentenced into any civil or military court as a delinquent, or indicted for or convicted of any offense felony or misdemeanor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If so, for each case give under item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.			

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, any applicable civil service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for falsity of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promises to observe provisions regarding personal activity, and particularly for the following:

(1) Identity of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) Age.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment.

(3) Citizenship.—The responsibility for ascertaining the citizenship of the appointee rests with the appointing officer. The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) Members of Family.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Members do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, including all permanent widows, should be referred to the Civil Service Commission or its duly authorized representative for decision. Under War Service Regulations, the members provision does not apply to temporary appointments for one year or less.

APPLICATION FOR FEDERAL EMPLOYMENT

APPROVAL EXPIRES
MAY 15, 1948

INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Do not write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding completion of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.

ANNOUNCEMENT

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OFFICE(S) (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4. DATE OF THIS APPLICATION
17 May 1948

5. (First name) (Middle) (Last)
XX (Everette) Howard Hunt (Jr.)

6. (A) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street
(B) CITY OR POST OFFICE (including postal name) AND STATE
Albany 6, New York

7. (C) CITY OR POST OFFICE (State) (D) LOCAL PHONE (E) HOME PHONE
New York 4-2101 3-6218

8. DATE OF BIRTH (month, day, year)
Oct. 9, 1918

9. PLACE OF BIRTH (city and State, if born outside U. S., name city and country)
Hamburg, Erie County, New York

10. ☒ MALE ☐ FEMALE 11. (A) HEIGHT WITHOUT SHOES (B) WEIGHT
5 FEET 9 INCHES 165 POUNDS

DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only

☐ APPLICANT ☐ NATIONAL ☐ EXTENDED REGISTRATION
☐ NEW APPLICANT ☐ SUBMITTED ☐ RETAINED

NOTATIONS: ANY OTHER

EXPERIENCE	GRADE	TRAINING	PREFERENCE	ADJUSTMENT
			<input type="checkbox"/> 5 POINTS (MIN.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR BORN	
			<input type="checkbox"/> USUAL	
			<input type="checkbox"/> BORN IN THE UNITED STATES	

INITIALS AND DATE

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☐ YES ☒ NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$4,500 PER YEAR
You will not be considered for any position with a lower entrance salary.
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
☐ OCCASIONALLY ☒ FREQUENTLY ☐ CONSTANTLY

16. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☒ OUTSIDE THE UNITED STATES
(B) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of months per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.
(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below as "Present Position."

① PRESENT POSITION

DATES OF EMPLOYMENT (month, year) FROM 1947 TO PRESENT TIME	EXACT TITLE OF YOUR PRESENT POSITION Self-employed	CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS: STARTING: 1,500 PER YEAR PRESENT: 1,500 PER YEAR
PLACE OF EMPLOYMENT (city and State) Albany, N.Y.	NAME AND TITLE OF IMMEDIATE SUPERVISOR Writing	KIND OF BUSINESS OR ORGANIZATION (e. g., manufacturer, insurance agency, manufacture of books, etc.) Interested in ECA	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		REASON FOR LEAVING TO CHASE EMPLOYMENT	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		DESCRIPTION OF YOUR WORK Authoring novels and magazine stories.	

② DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS	
FROM	TO			STARTING \$	PER MONTH
Jan. 1943	Oct. 1943	War Correspondent		600	11 months
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
New York, N.Y.		Sam Langwell - Editor			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.)			
"LIFE"		Publishing			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
		Enlisting in AAF			
DESCRIPTION OF YOUR WORK					
Travel with Naval combat groups in S. Pacific. Report results of action.					
③ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS	
FROM	TO			STARTING \$	PER MONTH
Oct. 1943	Jan. 1943	Script Writer		600	10 months
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
New York, N.Y.		Louis de Rochemont - Editor			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.)			
The March of Time (Cinema)		Documental producers			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
		go overseas w/ "Life"			
DESCRIPTION OF YOUR WORK					
Developing screen narrative of a particular subject - writing narration & footage writing & producing Naval Training Films					
④ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS	
FROM	TO			STARTING \$	PER MONTH
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
DESCRIPTION OF YOUR WORK					

(5) DATE OF EMPLOYMENT FROM TO MONTH YEAR	EXACT TITLE OF YOUR POSITION	CLASSIFICATION (If in Federal Service)	SALARY OR TRAINING STARTING \$ FINAL \$	PAY PER																												
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR																														
NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance agency, manufacture of books, etc.)																														
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING																														
DESCRIPTION OF YOUR WORK																																
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.																																
17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (State years may be used to give full descriptions.)																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">DATES</th> <th>LOCATION</th> <th>DESCRIPTION OF TRAINING</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>2/41</td> <td>5/41</td> <td>U.S. Naval Academy</td> <td>USNR Midshipman's Course</td> </tr> <tr> <td>1/44</td> <td>6/44</td> <td>Miami Beach</td> <td>AAF/OCS</td> </tr> <tr> <td>6/44</td> <td>8/44</td> <td>Oriando, Fla.</td> <td>AAF Combat Intelligence School</td> </tr> <tr> <td>1/45</td> <td>3/45</td> <td>Catalina Island</td> <td>Office of Strategic Services</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Clandestine School</td> </tr> </tbody> </table>					DATES		LOCATION	DESCRIPTION OF TRAINING	FROM	TO			2/41	5/41	U.S. Naval Academy	USNR Midshipman's Course	1/44	6/44	Miami Beach	AAF/OCS	6/44	8/44	Oriando, Fla.	AAF Combat Intelligence School	1/45	3/45	Catalina Island	Office of Strategic Services				Clandestine School
DATES		LOCATION	DESCRIPTION OF TRAINING																													
FROM	TO																															
2/41	5/41	U.S. Naval Academy	USNR Midshipman's Course																													
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6/44	8/44	Oriando, Fla.	AAF Combat Intelligence School																													
1/45	3/45	Catalina Island	Office of Strategic Services																													
			Clandestine School																													
18 EDUCATION. (Circle highest grade completed): <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> </table>					1	2	3	4	5	6	7	8	9	10	11	12																
1	2	3	4	5	6	7	8	9	10	11	12																					
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL																																
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY MAJOR AND SPECIALTY Brown University English Providence, R.I.																																
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS SEMESTER GRADES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>DATES ATTENDED</th> <th>YEARS COMPLETED</th> <th>COURSES COMPLETED</th> <th>SEMESTER GRADES CREDIT</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th>TITLE</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>1936</td> <td>1940</td> <td>AB</td> <td>June 1940</td> </tr> </tbody> </table>					DATES ATTENDED	YEARS COMPLETED	COURSES COMPLETED	SEMESTER GRADES CREDIT	FROM	TO	TITLE	DATE	1936	1940	AB	June 1940																
DATES ATTENDED	YEARS COMPLETED	COURSES COMPLETED	SEMESTER GRADES CREDIT																													
FROM	TO	TITLE	DATE																													
1936	1940	AB	June 1940																													
(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMY'S JOINTS INSTITUTE (show name and location of school) OR "ON-THE-JOB TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT English Literature Economics Sociology																																
19 INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>LANGUAGE</th> <th>READING</th> <th>SPEAKING</th> <th>UNDERSTANDING</th> </tr> <tr> <th></th> <th>YES NO</th> <th>YES NO</th> <th>YES NO</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td>X</td> <td>X</td> <td>X</td> </tr> </tbody> </table>					LANGUAGE	READING	SPEAKING	UNDERSTANDING		YES NO	YES NO	YES NO	Spanish	X	X	X																
LANGUAGE	READING	SPEAKING	UNDERSTANDING																													
	YES NO	YES NO	YES NO																													
Spanish	X	X	X																													
20 IF YOU HAVE TAKEN AN INTEREST IN ANY FOREIGN COUNTRY, INDICATE (NAME OF COUNTRY), DATE(S) AND LENGTH OF TIME SPENT THERE, AND (PLACES OR PERSONS - e.g., military service, business, education, recreation) See list attached																																
21 LIST ANY SPECIAL SKILLS WHICH ARE HANDS-ON MACHINERY AND ELECTRICITY, CARPENTRY, WELDING, SHOOTING, FIRST AID, PAPER CUTTING, COOKING, ETC., KEY-PUNCH, TYPING, LATIN, SCIENTIFIC OR PROFESSIONAL SKILLS Covered in detail: "Who's Who in the East" Vol II																																
22 ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, sea, hot, la, vet, CPA, etc.)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE: FIRST LICENSE OR CERTIFICATE (YEAR) SECOND LICENSE OR CERTIFICATE (YEAR) 23 GIVE ANY OTHER QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS: (A) YOUR MOST IMPORTANT PUBLICATIONS (do not submit copies unless requested) (B) VOLUNTARY SERVICE IN PUBLIC RELATIONS EXPERIENCE (C) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (D) HONORS AND FELLOWSHIPS RECEIVED																																

[illegible]

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
OFFICE OF THE SPECIAL REPRESENTATIVE IN EUROPE

2 rue Saint Florentin
PARIS. January 13, 1949.

Dear Howard:

I am genuinely sorry to hear that you feel obliged to resign your post in our Information Division here at ECA in Europe owing to the pressure of personal matters in the States.

All who have worked with you have been impressed by your prompt and efficient handling of assignments - no matter how difficult - as well as by your quick and imaginative grasp of what ECA is attempting to do for the peoples of Europe.

Let me thank you for the splendid work you have done and wish you the best of health and good fortune in the future.

Sincerely yours,



W. A. Harriman
U. S. Special Representative
in Europe.

*I am personally sorry we aren't
going to have any more trips together
Wally*

Mr. Howard Hunt
Information Division
ECA 2 rue Saint Florentin
PARIS.

10 CORPORATION LIMITED

1. NAME (MR - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST) Mr. H. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18		3. JOURNAL OR ACTION NO. 7		4. DATE 6-9-48	
This is to notify you of the following action affecting your employment:							
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Separation - Transfer (to Econ. Corp. Admin., Foreign Service)				6. EFFECTIVE DATE 6-8-48 ccb		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM				TO			
Information and Editorial Spec. GAF-10, \$6005.70 per annum GSC No. 103 - Series L240 Press Information Division Washington, D. C.				8. POSITION TITLE			
				9. SERVICE GRADE, SALARY			
				10. ORGANIZATIONAL DESIGNATIONS			
				11. HEADQUARTERS			
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL			
13. REMARKS							
<p>Appointed to Foreign Service, effective 6-9-48.</p> <p>Annual and sick leave, if any, to be transferred.</p>							
<div style="text-align: right;"> V. L. Couch Director of Personnel </div>							
15. VETERAN'S PREFERENCE				16. POSITION CLASSIFICATION ACTION			
NONE <input type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB <input type="checkbox"/> WIFE <input type="checkbox"/> WIDOW <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/>				NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input checked="" type="checkbox"/> REAL <input type="checkbox"/> CSC No. 103 6-14-48			
17. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		18. RACE		20. SUBJECT TO C.S. RETIREMENT ACT (YES - NO) No		21. DATE OF OATH (ACCESSIONS ONLY)	
19. APPROPRIATION FROM 11B/95400(C1) 100 01 TO _____				22. LEGAL RESIDENCE New York			

DIVISION OF FOREIGN SERVICE PERSONNEL		DATE 6-9-48
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION		JOURNAL NO. 48
NAME (LAST) Hunt (FIRST) B. (MIDDLE) Howard Jr.	DATE OF BIRTH 10-9-18	LEGAL AUTHORITY PL 472, 80th
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:		SERVICE BCA
NATURE OF ACTION Appointment by Transfer	EFFECTIVE DATE 6-9-48	DATE OF OATH 6-9-48
POSITION TITLE	FROM	TO U. S. Media Specialist
CLASS AND TOTAL SALARY		FAS-5, \$6120 per annum
POST		Office of Special Representative Information Division Paris, France
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION-ALLOTMENT		118/95400(01) 100 01
POSITION NUMBER		FAS-1230-5-88-36, admin. allocated 6-9-48
NATURE OF EMPLOYMENT	PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	PERMANENT <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
REQUIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/> AMERICAN <input checked="" type="checkbox"/> VETERAN PREFERENCE <input type="checkbox"/> 5 POINTS <input type="checkbox"/> 10 POINTS <input type="checkbox"/>	NATURE OF POSITION NEW <input type="checkbox"/> REALLOCATION <input type="checkbox"/>
LEGAL RESIDENCE New York	SEX M MARITAL STATUS AND CHILDREN UNDER 21 Single	ADDITIONAL IDENTICAL <input type="checkbox"/> VICE (NAME) Vacancy

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH

REMARKS: **Subject to items a, b, c, d, e, f, g.**

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

pay card delivered to Mr. Hunt

Edward H. Bellows

TITLE: **Special Representative to BCA**

RECEIVING POST

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION				DATE 6/9/48	
				JOURNAL NO. AB	
NAME (LAST) Hunt		(FIRST) E.		(MIDDLE) Howard Jr.	
DATE OF BIRTH 10/9/18		LEGAL AUTHORITY PL 472 - 80th SERVICE ECA			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					
NATURE OF ACTION Appointment by transfer				EFFECTIVE DATE 6/9/48	
				DATE OF OATH 6/9/48	
		FROM		TO	
POSITION TITLE		U.S. Media Specialist			
CLASS AND TOTAL SALARY		FSS-5, \$6120 pa			
POST		Office of Special Representative Information Division Paris France			
BASIC SALARY					
TEMPORARY INCREASE					
APPROPRIATION-ALLOTMENT		118/95400(01)-100 01			
POSITION NUMBER		FSS-1230-5-SR-36, admin alloc 6/9/48			
NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION
	NO	NON-AMERICAN		10 POINTS	NEW
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL
New York	M	Single			Vacancy

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a b c e. j. i. g.

REMARKS:

Not to exceed the duration of the Foreign Assistance Program.

Affidavit: "Striking Against the Federal Government" signed.

Previously employed by ECA, Wash, D.C. Departmental Service.

2

Regrett H. Bellon
State Department
Representative to ECA

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION				DATE 6/9/48		
				JOURNAL NO. 42		
NAME (LAST)		NAME (FIRST)		NAME (MIDDLE)		
Hunt		E.		Howard Jr.		
DATE OF BIRTH		10/9/18				
LEGAL AUTHORITY		PL 472 - 80th				
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						
NATURE OF ACTION			EFFECTIVE DATE		DATE OF OATH	
Appointment by transfer			6/9/48		6/9/48	
FROM			TO			
POSITION TITLE			U.S. Trade Specialist			
CLASS AND TOTAL SALARY			FSS-5, GS-120			
POST			Office of Special Representative, Information Division			
BASIC SALARY			\$12,000			
TEMPORARY INCREASE						
APPROPRIATION-ALLOTMENT			115-64800(21) 100 01			
POSITION NUMBER			FSS-1200-5-85-36, Admin Office 6/9/48			
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION	
		NON-AMERICAN		10 POINTS	NEW	REALLOCATION
LEGAL RESIDENCE	SEA	MARITAL STATUS AND CHILDREN UNDER 21		ADDITIONAL IDENTICAL		VICE (NAME)
New York		Single				
CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HERewith.						
REMARKS: Subject to items a b c e, f, i, g. Not to exceed the duration of the Foreign Assistance Program. Affiliated "Striking Against the Federal Government" signed. Previously employed by LCA, Wash. D.C. Departmental Service.						
1				SIGNATURE TITLE:		

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						DATE 6-9-48	
						JOURNAL NO. 42	
NAME (LAST)		NAME (FIRST)		NAME (MIDDLE)		DATE OF BIRTH	
Hunt		E.		Howard		Jr. 10-9-18	
LEGAL AUTHORITY						PL 472, 80th	
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT						SERVICE	
NATURE OF ACTION						EFFECTIVE DATE	
Appointment by Transfer						6-9-48	
DATE OF BIRTH						6-9-48	
FROM				TO			
POSITION TITLE				U. S. Media Specialist			
CLASS AND TOTAL SALARY				FSS-5, \$6120 per annum			
POST				Office of Special Representative Information Division Paris, France			
BASIC SALARY							
TEMPORARY INCREASE							
APPROPRIATION-ALLOCATION				118/95400(01) 100 01			
POSITION NUMBER				FSS-1230-5-SR-36, admin. allocated 6-9-48			
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME	PERMA-NENT	TEMPO-RARY	PART TIME
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN	VEILHAN PREFERENCE	5 POINTS	NATURE OF POSITION		
	NO	NON-AMERICAN		10 POINTS	NEW		
LEGAL RESIDENCE	New York	M	Single	ADDITIONAL IDENTICAL			Vacancy

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS: **Subject to items a, b, c, j, i, g.**

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

2

Everett H. Bellows
 State Department
 Representative to ECA

FOLOCH

DIVISION OF FOREIGN SERVICE PERSONNEL						DATE	
DEPARTMENT OF STATE						7-7-48	
ECONOMIC COOPERATION ADMINISTRATION						JOURNAL NO.	
						188	
NAME (LAST)	FIRST	MIDDLE	DATE OF BIRTH	LEGAL AUTHORITY			
Grant	H.	Howard	Jr. 10-9-18	FL 472 - 80th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						SERVICE	
NATURE OF ACTION						DATE OF OATH	
Appointment by Transfer - Amendment						PCA	
FROM						TO	
POSITION TITLE	U. S. Media Specialist						
CLASS AND TOTAL SALARY	FSS-5, \$6120 per annum						
POST	Office of Special Representative, Information Division, Paris, France						
BASIC SALARY							
TEMPORARY INCREASE							
APPROPRIATION-ALLOTMENT	118/95400(01) 100 01						
POSITION NUMBER	FSS-1230-5-ER-36, admin, allocated 6-9-48						
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME
RETIREMENT REDUCTIONS	YES	AMERICAN	NO	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION	
						NEW	REALLOCATION
LEGAL RESIDENCE	NEW YORK	LLA	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE NAME
			Single				Vacancy

CONDITIONS AND REQUIREMENTS APPLYING TO ACTION AND CONFIRMATION OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH

Subject to items a, b, c, j, i, g, d.
 REMARKS: In lieu of Appointment by Transfer on personnel action report dated 6-9-48 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement, and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by PCA and in any case limited to the duration of PCA.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Malbourne L. Spector
 Assistant State Department
 Representative to PCA

FOUNDER

DIVISION OF FOREIGN SERVICE PERSONNEL						DATE 7/7/68	
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						JOURNAL NO. 182	
NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY			
BUNT	E.	HOWARD JR.	10-9-18	FL 472 8th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						SERVICE PCA	
NATURE OF ACTION			EFFECTIVE DATE	DATE OF OATH			
Appointment by transfer - Amendment			6/9/68	7/6/68			
FROM			TO				
POSITION TITLE			U.S. Media Council list				
CLASS AND TOTAL SALARY			FIS-5 \$12000				
POST			Office of Special Representative Information Division				
BASIC SALARY			\$12000				
TEMPORARY INCREASE							
APPROPRIATION-ALLOTMENT			11/9/66(01) 100 01				
POSITION NUMBER			11-11-15-58-6, Admin 11/68				
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME	PERMA-NENT	X	TEMPO-RARY
RETIREMENT DEDUCTIONS	YES	NO	AMERICAN	Z	VETERAN PREFERENCE	5 POINTS	Y
			NON-AMERICAN			10 POINTS	
LEGAL RESIDENCE	NEW YORK		MARITAL STATUS AND CHILDREN UNDER 21		NATURE OF POSITION		
	BAX		Single		NEW		
	K				REALLOCATION		
					ADDITIONAL IDENTICAL		
					VICE (NAME)		
<p>CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HERELWITH:</p> <p>REMARKS: Subject to items a, b, c, j, i, g, d.</p> <p>In lieu of appointment by transfer on personnel action report dated 6/9/68 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement and adding subject to item d.</p> <p>Limited appointment. Duration limited to the period in which appointed's services are required by PCA and in any case limited to the duration of PCA.</p> <p>Previously employed by PCA, Wash., D.C. Departmental Service.</p> <p>Affidavit "Striking Against the Federal Government" signed.</p> <p>3 Paw 7/28 Post 7/28</p>							
TITLE: Melbourne L. (Signature)					Agent State Department		
TITLE: Representative to							

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION

DATE

7-7-48

JOURNAL NO.

121

NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH
Hart E. Russell Jr. 12-9-18

LEGAL AUTHORITY

PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT

SERVICE

ECA

NATURE OF ACTION

Appointment by Transfer - Assignment

EFFECTIVE DATE

6-9-48

DATE OF BIRTH

6-9-18

FROM

TO

POSITION
TITLE

U. S. Media Specialist

CLASS AND
TYPICAL SALARY

SES-3, \$6120 per annum

POST

Office of Special Representative
Information Division
Paris, France

BASIC
SALARY

TEMPORARY
INCREASE

APPROPRIATION-
ALLIANCE

POSITION
NUMBER

118/9700(01) 100 01
725-122-5-62-36, again.
allocated 6-9-48

NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME
RELIEFMENT DEDUCTIONS	YES NO	AMERICAN NON-AMERICAN	VETERAN PREFERENCE	5 POINTS 10 POINTS	NATURE OF POSITION			
LEGAL RESIDENCE	NEW YORK	2	SINGLE	ADDITIONAL IDENTICAL				VICE INAMEL Vacancy

CONDITIONS AND REQUIREMENTS: ALL OF ACTION AND CONTINUANCE OF STATUS, EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a, b, c, j, i, e, d.

REMARKS: In lieu of Appointment by Transfer as personnel action report dated 6-9-48 indicating "Not to cancel the duration of the Foreign Americans Program" instead of the following statement, and amending subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Swearing Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Malbourne L. Specter
Assistant State Department

BUDGET

(Date) July 29, 1948

To: Director of Personnel
From: Director of Security
Subj: Notice of Loyalty and Security Certification of:
HUNT, E. Howard, Jr. ECA-48-189

This is to advise that the above named person has been certified by the Administrator as to loyalty and security in accordance with the requirements of Section 110(c), Public Law 472, 80th Congress, and appears on Certification Number 17, dated July 28, 1948.


Director of Security

Payroll copy attached.

Paul [unclear]

jw:dy

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
SPECIAL MISSION TO AUSTRIA

November 19, 1948

Mr. Averell Harriman,
U. S. Special Representative,
Economic Cooperation Administration,
Hotel Talleyrand,
Paris, France.

Dear Averell:

On the point of departure from Vienna, I want to record with you my appreciation of the services rendered me in this Mission over the last few weeks by Mr. Howard Hunt, Information Officer, temporarily assigned here from your staff.

Hunt has not only carried the duties and responsibilities of Information Officer, pending appointment of Mr. Wilson to that post, but he has, additionally, carried a large load for me in connection with the Ross murder incident. He has acted as a personal aide, to all intents and purposes, at a time when, understaffed as this Mission is, we were faced with a concentration of vitally important work in connection with our normal Mission operations.

I think Hunt has shown a broad-gauged grasp of what ERP is, what ECA is, and what Information work in behalf of both should be. Besides this, he is the right kind of person to have in this great ECA undertaking. I hope you will be able to keep him and to give him opportunities to express his abilities fully.

Sincerely,

Westmore Willcox

Westmore Willcox
Chief of Special Mission

WW/ls

cc: Mr. Hoffman
Mr. Friendly

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION

DATE 3-17-49

JOURNAL NO

4 E

NAME HUNT E. HOWARD Jr. DATE OF BIRTH 10-9-18 LEGAL AUTHORITY PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

ECA

NATURE OF ACTION

EFFECTIVE DATE

DATE OF ORIGIN

Termination

cob 2-13-49

FROM

TO

POSITION TITLE Asst. Economic Commissioner * (U. S. Media Specialist)
CLASS AND TOTAL SALARY FSS-5 (ECA) \$6120 per annum
POST Office of Special Representative Information Division Paris, France

BASIC SALARY

TEMPORARY INCREASE

APPROPRIATION-ALLOTMENT

118/95400(01).008

POSITION NUMBER

FSS-5-SR-36
admin. allocated 6-9-48 *film*

NATURE OF EMPLOYMENT	PERMANENT	<input checked="" type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input checked="" type="checkbox"/>	PART TIME	<input type="checkbox"/>	PERMANENT	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>
RETIREMENT DEDUCTIONS	YES	<input checked="" type="checkbox"/>	AMERICAN	<input checked="" type="checkbox"/>	VETERAN PREFERENCE	5 POINTS	<input checked="" type="checkbox"/>	10 POINTS	NATURE OF POSITION							
	NO	<input type="checkbox"/>	NON-AMERICAN	<input type="checkbox"/>					NEW	REALLOCATION						
PLACE OF RESIDENCE	New York		SEX	M		MARITAL STATUS AND CHILDREN UNDER 21		SINGLE		ADDITIONAL IDENTICAL	VICE NAME					

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND CANCELLATION OF STATE EMPLOYED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS:

* Equivalent to Attache.

Completion of Assignment


Mailing address: 30 Willett Street, Albany 6, New York

2

D. V. Stapleton
State Department

Representative to ECA EN

FOLDER

DIVISION OF FOREIGN SERVICE PERSONNEL						DATE
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						JOURNAL NO.
NAME (LAST)	NAME (FIRST)	NAME (MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY		
BOBT	E.	BOWARD JR.	10-9-18	PL 472 - 80th		
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						
NATURE OF ACTION			EFFECTIVE DATE	DATE OF OATH		
Termination			Feb 2-19-49			
POSITION TITLE	FROM		TO			
CLASS AND TOTAL SALARY	ASST. Economic Commissioner (U. S. Media Specialist)					
POST	PS-5 (EC) \$6120 per annum Office of Special Representative Information Division Paris, France					
BASIC SALARY						
TEMPORARY INCREASE						
APPROPRIATION-ALLOTMENT	113/92400(01).003					
POSITION NUMBER	PS-5-32-36 advis. Allocated 6-9-48					
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION	
	NO	NON-AMERICAN		10 POINTS	NEW	REALLOCATION
LEGAL RESIDENCE	USA		MARITAL STATUS AND CHILDREN UNDER 21		ADDITIONAL IDENTICAL	
	NEW YORK		Single		VICE INAME	
CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CO. TERMINATION OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.						
REMARKS:						
• Equivalent to Attache. Completion of Assignment Mailing address: 30 Willst Street, Albany 6, New York						
<div style="text-align: right;">  D. V. Stapleton State Department Representative to ECA </div>						

10

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, read this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.
ANNOUNCEMENT

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR
Intelligence Officer

2. PLACE OF EMPLOYMENT APPLIED FOR (City and State)
Washington, D.C.

3. DATE OF THIS APPLICATION
Nov 2, 1948

4. (a) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street

(b) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

5. (a) OFFICE PHONE
5-6218

6. DATE OF BIRTH (month, day, year)
October 2, 1918

7. PLACE OF BIRTH (city and State; if born outside U. S., name city and country)
Hamburg, New York, USA

8. (a) HEIGHT WITHOUT SHOES: **5 FEET 10 INCHES**

(b) WEIGHT: **168 POUNDS**

9. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☒ YES ☐ NO

(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
PSS 5

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPROVED ☐ NOT APPROVED

☐ MATERIAL SUBMITTED ☐ RETURNED

INITIALS AND DATE

OPTION	GRADE	EARNED RATING	PREFERENCE	ADJUST RATING
			<input type="checkbox"/> 8 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	

10. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? **\$4,000 PER YEAR**

You will not be considered for any position with a lower entrance salary.

(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☒ 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
☒ OCCASIONALLY ☐ FREQUENTLY ☐ CONSTANTLY

(d) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☐ OUTSIDE THE UNITED STATES

(e) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:

11. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing offices to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

1. PRESENT POSITION **Not presently employed**

DATE OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS: STARTING, \$ PER MONTH PRESENT, \$ PER MONTH
FROM: PLACE OF EMPLOYMENT (city and State)	TO PRESENT TIME	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of locks, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR DESIRING TO CHANGE EMPLOYMENT	
DESCRIPTION OF YOUR WORK			

16 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM: <u>May, 1948</u> to <u>Feb., 1949</u>		EXACT TITLE OF YOUR POSITION <u>U.S. Media Specialist</u>		CLASSIFICATION GRADE (if in Federal service) <u>FSN 5</u>	SALARY OR EARNINGS STARTING \$ <u>1010</u> FINAL \$ <u>1020</u>	PER YR MTH
PLACE OF EMPLOYMENT (city and State) <u>Washington, D.C.; Paris, France</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>J. L. Fleming, U.S. Media Officer</u>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <u></u>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <u>Economic Cooperation Administration 2 rue St. Florentin, Paris 1, France</u>		NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u></u>				
REASON FOR LEAVING <u>Deterioration of personal affairs while abroad.</u>		DESCRIPTION OF YOUR WORK <u>General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films; press scrutiny; analysis of Communist propaganda</u>				
③ DATES OF EMPLOYMENT (month, year) FROM: <u>Jan., 1945</u> to <u>Oct., 1945</u>		EXACT TITLE OF YOUR POSITION <u>War Correspondent</u>		CLASSIFICATION GRADE (if in Federal service) <u></u>	SALARY OR EARNINGS STARTING \$ <u>150</u> FINAL \$ <u>150</u>	PER YR MTH
PLACE OF EMPLOYMENT (city and State) <u>New York, N.Y.</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Dan Lonrrell, Editor of LIFE</u>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <u>Publishing</u>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <u>Rochefeller Plaza, N.Y. TIME, Inc.</u>		NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u>None</u>				
REASON FOR LEAVING <u>Re-enter military service</u>		DESCRIPTION OF YOUR WORK <u>Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific</u>				
④ DATES OF EMPLOYMENT (month, year) FROM: <u>Oct., 1942</u> to <u>Jan., 1943</u>		EXACT TITLE OF YOUR POSITION <u>Script Writer</u>		CLASSIFICATION GRADE (if in Federal service) <u></u>	SALARY OR EARNINGS STARTING \$ <u>150</u> FINAL \$ <u>150</u>	PER YR MTH
PLACE OF EMPLOYMENT (city and State) <u>New York, N.Y.</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Louis de Rochemont, Producer</u>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <u>Documentary films</u>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <u>THE MARCH OF TIME 369 Lexington Avenue, New York 16</u>		NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u>None</u>				
REASON FOR LEAVING <u>Opportunity to revisit combat zones</u>		DESCRIPTION OF YOUR WORK <u>Creating from researched themes the framework of the monthly commercial releases; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.</u>				

5 DATES OF EMPLOYMENT (month, year) FROM _____ TO _____ PLACE OF EMPLOYMENT (city and State) _____	DUTY TITLE OF YOUR POSITION _____ CLASSIFIED (if in _____ service) _____ SALARY OR EARNINGS STARTING _____ PER _____	NAME AND TITLE OF IMMEDIATE SUPERVISOR _____ KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale milk, insurance agency, manufacture of locks, etc.) _____
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) _____ NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU _____ DESCRIPTION OF YOUR WORK _____	REASON FOR LEAVING _____	

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra space may be used to give full descriptions.)

DATES		LOCATION	DESCRIPTION OF TRAINING
FROM	TO		
Feb/47	May/47	US Naval Academy	V-7 Midshipman's course
Feb/47	May/47	AAF OCS	Officer Candidate School
June/47	Aug/47	Orlando, Fla.	Air Combat Intelligence
Feb/45	March/45	Catalina I.	OSS Far East Training Course

18. EDUCATION. (Circle highest grade completed):
 1 2 3 4 5 6 7 8 9 10 11 (12)

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF:
☒ ELEMENTARY SCHOOL ☒ JUNIOR HIGH SCHOOL ☒ SENIOR HIGH SCHOOL

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY _____ MAJOR AND SPECIALTY _____

DATES ATTENDED	YEARS COMPLETED	DEGREES CONFERRED		SEMINAR CREDIT			
		FROM	TO		DAY	NIGHT	TITLE
1936	1940	4		AS	June 1940		

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS _____

English literature _____
 Spanish _____
 Economics _____

(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT _____

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

	READING		SPEAKING		UNDERSTANDING	
	FLUENT	FAIR	FLUENT	FAIR	FLUENT	FAIR
Spanish	X				X	X
French	X				X	X

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES; (2) DATE AND LENGTH OF TIME SPENT THERE; AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation)

Europe, Melanesia, Mexico
 1939-1940 pleasure and business

21. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?

☐ YES ☒ NO GIVE KIND OF LICENSE AND STATE:
 FIRST LICENSE OR CERTIFICATE (YEAR): _____
 LATEST LICENSE OR CERTIFICATE (YEAR): _____

22. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:
 (A) YOUR MOST IMPORTANT PUBLICATIONS (do not submit copies unless requested)
 (B) YOUR PATENTS OR INVENTIONS
 (C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
 (D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.
 (E) HONORS AND FELLOWSHIPS RECEIVED

4 published novels; short stories
 Guggenheim Fellowship 1946-1947

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING _____ SHORTHAND _____

24. REFERENCE: Last three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).		BUSINESS OR OCCUPATION	
FULL NAME	(Give complete current address, including street and city)		
Westmore Wilcox, Jr.	69 William St., New York City	Investments	
Robert G. North	2247 Fredonia Drive, Hollywood, Cal.	Textiles	
Maj. J. E. Singlaub	"L" Bldg., Washington, D.C.	U. S. Army	

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO		
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC?	X		35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X		
26. ARE YOU A CITIZEN OF THE UNITED STATES OR ARE YOU A NATURALIZED CITIZEN?	X		36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 30 MONTHS?		X		
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?		X	37. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X			
28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	(b) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X			
29. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OR RESISTANCE TO THE NATIONAL FORM OF GOVERNMENT, OR AN ORGANIZATION ASSOCIATED WITH SUCH AN ORGANIZATION OR MOVEMENT, OR PERSONS WHICH HAVE KNOWNLY AIDED OR ENCOURAGED OR ATTEMPTED TO ENCOURAGE THE COMMISSION OF ACTS OF FORCE OR VIOLENCE OR OF OTHER ACTS AGAINST THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR OF THE NATIONAL FORM OF GOVERNMENT OF THE UNITED STATES, OR OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X	(c) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	X			
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			(d) DATE OF ENTRY ON ENTRIES INTO SERVICE DATE OF SEPARATION OR SEPARATION				
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO PAY FINE OR TO PERFORM COMMUNITY SERVICE OR ANY LAW, POLICE REGULATION OR ORDINANCE, INCLUDING TRAFFIC VIOLATIONS FOR WHICH FINE OR PROBATION OF 60 DAYS OR LONGER WAS IMPOSED?			(e) IF YOU ARE A VETERAN, DISCHARGE OR SEPARATION PAPER NO. 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000				
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM MILITARY OR NAVAL SERVICE FROM ANY POSITION?			(f) IF YOU ARE A VETERAN, DISCHARGE OR SEPARATION PAPER NO. 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000				
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TRAINING, RECRUITMENT, OR ACCEPTING OF SERVICE APPOINTMENT?			(g) ARE YOU A DISABLED VETERAN?				
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?			If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.				
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?			(h) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?				
35. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?			(i) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH ENTITLES HIM TO PENSION, SERVICE ANNUITY, OR OTHER BENEFIT?				

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a **PEACETIME VETERAN** who has been awarded a campaign badge or service ribbon, or as a **DISABLED VETERAN**, or as the **WIFE OF A DISABLED VETERAN**, or as the **WIDOW OF A WAR OR CAMPAIGN VETERAN**, attach **Veteran Preference Claim, CSC Form 14**, together with proof specified therein.

B. If you are a **WAR-TIME VETERAN** not claiming disability preference, you should **NOT** submit your discharge with this application. Preference will be tentatively credited to you and if approved, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

DATE OF ENTRY ON ENTRIES INTO SERVICE

instructions on the admission card regarding disposition of this application. If you are applying for an **UNWRITTEN** examination, mail this application to the office named in the announcement. Be sure to mail to the same office **any other forms** required by the announcement. **Notify the office with which you file this application of any change in your address.**

APPLICATION NO.

ANNOUNCEMENT

Intelligence Officer

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTIONS: (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4. DATE OF THIS APPLICATION

Washington, D. C. May 2, 1949

5. MR. (First name) (Middle) (Surname, if any) (Last)

Sveretto Howard Hunt, Jr.

6. (A) STREET AND NUMBER OR R. D. NUMBER

30 Willett Street

(B) CITY OR POST OFFICE (including postal zone) AND STATE

Albany 6, New York

7. LEGAL OR VOTING RESIDENCE (State) 8. (A) OFFICE PHONE (B) HOME PHONE

New York ----- 3-6218

9. DATE OF BIRTH (month, day, year) 10. ☐ MARRIED ☒ SINGLE

October 9, 1918

11. PLACE OF BIRTH (city and State; if born outside U. S., name city and country)

Hamburg, New York, USA

12. ☒ MALE 13. (A) HEIGHT WITHOUT SHOES (B) WEIGHT:

☐ FEMALE 5 FEET 10 INCHES 168 POUNDS

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☒ YES ☐ NO

(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

FSS 5

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,000 PER YEAR

You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:

☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☒ 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL SPECIFY:

☒ OCCASIONALLY ☐ FREQUENTLY ☐ CONSTANTLY

16. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPRO. ☐ MATERIAL ☐ ENTERED REGISTER:

☐ NON APPRO. ☐ SUBMITTED ☐ RETURNED

NOTATIONS:

APP. REVIEW:

APPROVED:

OPTION	GRADE	EARNED RATING	PREFERENCE	AUCTION RATING
			<input type="checkbox"/> 5 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

PRESENT POSITION

1. DATES OF EMPLOYMENT (month, year) 2. EXACT TITLE OF YOUR PRESENT POSITION 3. CLASSIFICATION GRADE (if in Federal Service) 4. STARTING & PRESENT SALARY OR EARNINGS

FROM TO PRESENT TIME NAME AND TITLE OF IMMEDIATE SUPERVISOR

PLACE OF EMPLOYMENT (city and State)

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale biz., insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR DESIRING TO CHANGE EMPLOYMENT

DESCRIPTION OF YOUR WORK

② DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER PER WK.
FROM May 1948	to Feb. 1949	U.S. Media Specialist	1730	STARTING \$1940 FINAL \$2400	PER PER WK.
PLACE OF EMPLOYMENT (city and State) Washington, D. C.; Paris, France		NAME AND TITLE OF IMMEDIATE SUPERVISOR J.F. Fleming, U.S. Media Officer			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Economic Cooperation Administration 2 rue St. Florentin, Paris 1, France		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of goods, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING Deterioration of personal affairs while abroad.			
DESCRIPTION OF YOUR WORK General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films. Press scrutiny; analysis of Communist propaganda.					
③ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER PER WK.
FROM Jan. 1943	to Oct. 1943	War Correspondent		STARTING \$ FINAL \$150	PER PER WK.
PLACE OF EMPLOYMENT (city and State) New York, N.Y.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Longwell, Editor of LIFE			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Rockefeller Plaza, N.Y. TIME, Inc.		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of goods, etc.) Publishing			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None		REASON FOR LEAVING Re-enter military service			
DESCRIPTION OF YOUR WORK Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific.					
④ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER PER WK.
FROM Oct. 1942	to Jan. 1943	Script Writer		STARTING \$ FINAL \$150	PER PER WK.
PLACE OF EMPLOYMENT (city and State) New York, N.Y.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont, producer			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) THE MARCH OF TIME 369 Lexington Avenue, New York 16		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of goods, etc.) Documentary films.			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None		REASON FOR LEAVING Opportunity to revisit combat zones.			
DESCRIPTION OF YOUR WORK Creating from researched themes the framework of the monthly commercial release; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of navy training films.					

5 FROM	DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	CLASSIFICATION (if in Federal Service)	SALARY OR EARNINGS \$ MONTHLY PER YEAR
PLACE OF EMPLOYMENT (city and State)			NAME AND TITLE OF IMMEDIATE SUPERVISOR	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)			KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale or retail, insurance agency, manufacture of goods, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING	
DESCRIPTION OF YOUR WORK				
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.				
17. MILITARY TRAINING In the space below, describe any training received in the Armed Forces (not already listed under item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Save pages may be used to give full description.)				
DATES FROM TO		LOCATION		DESCRIPTION OF TRAINING
Feb. '41 May '41		US Naval Academy		V-7 Midshipman's course
Feb. '44 May '44		AAF OGS		Officer Candidate School
June '44 Aug. '44		Orlando, Fla.		Air Combat Intelligence
Feb. '45 Mar. '45		Columbia I.		OSS Far East Training Course
18 EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12				
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF				
<input checked="" type="checkbox"/> ELEMENTARY SCHOOL <input checked="" type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL				
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY			MAJOR AND SPECIALTY	
Brown University, Providence, R.I.			English	
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS				
English Literature Spanish Economics				
(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN SERVICE" TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT				
(F) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED				
Hamburg (N.Y.) High				
(G) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED				
not applicable				
DATES ATTENDED FROM TO		YEARS COMPLETED DAY NIGHT		DEGREES CONFERRED TITLE DATE
1936 1940		4		BS June 1940
LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS				
English Literature Spanish Economics				
SUBJECTS STUDIED		DATES ATTENDED FROM TO		YEARS COMPLETED DAY NIGHT
English Literature Spanish Economics		1936 1940		4
19 INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES				
Spanish French				
20 IF YOU HAVE TRAVELED OR LIVED IN ANY FOREIGN COUNTRY, INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE AND (3) REASON FOR TRAVEL (e.g., military service, business, education, recreation) Europe, Asia, Africa, 1937-1949, pleasure and business				
21 LIST ANY SPECIAL SKILLS, TOOLS, MACHINES AND EQUIPMENT YOU CAN USE IN CONNECTION WITH YOUR WORK (e.g., shorthand, typewriting, scientific or professional devices)				
22 ARE YOU NOW OR HAVE YOU EVER BEEN LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio engineer, teacher, lawyer, CPA, etc.)				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE				
FIRST LICENSE OR CERTIFICATE (YEAR)				
LATEST LICENSE OR CERTIFICATE (YEAR)				
23 GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED BY FORMS IN YOUR APPLICATION SUCH AS (1) YOUR MORE IMPORTANT PUBLICATIONS (do not include obscure works requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES ETC. (5) HONORS AND FELLOWSHIPS RECEIVED				
& published novels; short stories Guggenheim Fellowship 1940-1947				

24. REFERENCES List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position to which you are applying. Do not repeat names of supervisors listed under Item 18 (EXPERIENCE).			PRESENT & PRESENT HOME ADDRESS (Give complete current address, including street and number)		BUSINESS OR OCCUPATION	
FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION	YES	NO	YES	NO
Westmore Willcox, Jr.	67 William St., New York City	Investments				
Robert G. North	3947 Fremont Drive, Hollywood, Cal.	Taxi Driver				
Maj. J.K. Singlaub	"L" Bldg., Washington, D. C.	U.S. Army				
<p>25. MAY INDUSTRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS, ETC?</p> <p>26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?</p> <p>27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?</p> <p>28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?</p> <p>29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ASSOCIATES THE FURTHERING OF OUR CONSTITUTION, FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ASSAULTING OR IMPEDING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO ANY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNLAWFUL MEANS?</p> <p>If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</p> <p>30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPRISONED OR PLACED IN PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR CANVASSER FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, INCLUDING VIOLATION OF TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTY DOLLARS OR LESS WAS IMPOSED?</p> <p>If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</p> <p>31. HAVE YOU EVER BEEN DISCHARGED OR ORDERED TO RESIGN FROM MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?</p> <p>If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.</p> <p>32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM FACING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?</p> <p>If your answer is "Yes," give date and reasons for such barment in Item 39.</p> <p>33. HAVE YOU ANY PHYSICAL HANDICAP, DISABILITY OR OTHER INABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?</p> <p>If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.</p> <p>34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?</p> <p>If your answer is "Yes," give complete details in Item 39.</p>			<p>35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?</p> <p>If your answer is "Yes," give details in Item 39.</p> <p>36. DOES THE UNITED STATES GOVERNMENT EMPLOY A CIVILIAN CAPACITY ANY RELATIVE (1) AS BY BLOOD OR MARRIAGE WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?</p> <p>If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.</p>		<p>SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE</p> <p>A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VET, Z.W.N., or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.</p> <p>B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if approved, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.</p>	
<p>37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?</p> <p>(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?</p> <p>(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?</p> <p>(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: DATE OF SEPARATION OR SEPARATIONS</p> <p>See below</p> <p>BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): SPECIAL NO. (if none, give grade or rating at time of separation):</p> <p>See below</p>			<p>38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?</p> <p>(B) ARE YOU A DISABLED VETERAN?</p> <p>If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.</p> <p>(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?</p> <p>(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE PREFERENCE?</p>		<p>THIS SPACE FOR USE OF APPOINTING OFFICER ONLY</p> <p>The information contained in the answers to Question 37, above, has been verified by comparison with the discharge certificate on: 19.....</p> <p>Agency: Pte</p>	
<p>39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)</p> <p>Item No. 37a: Navy: July, 1943 - Oct. 1942 File 9732</p> <p>Item No. 37b: Army: Oct. 1946 - Feb. 1946 Serial 0-37241</p>						
<p>If more space is required, use paper 17; use one on the page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.</p> <p>Before signing this application, check back over it to make sure that you have answered ALL questions correctly.</p> <p>I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.</p> <p>False statement on this application is punishable by Law (U.S. Code Title 18, Section 80).</p> <p style="text-align: right;">SIGNATURE OF APPLICANT</p> <p style="text-align: right;">(Sign your name in INK (use given name, Middle or Mrs. and if married, a initial or initials, and surname). If female, put own, yes name as "Mrs. Mary L. Doe.")</p>						

PERSONNEL ACTION REQUEST

297

NAME H. T. Howard Howard, Jr.	CLASSIFICATION VICE IA <input checked="" type="checkbox"/> VV NEW	INITIAL DJS CSC # 297 3112	DATE 6/29/49
NATURE OF ACTION: Excepted Appointment	QUALIFICATION & REVIEW	INITIAL DJS	DATE 6/29/49
EFFECTIVE DATE 8 Nov. 1949	2105912 800-101 John H. Kelly	INITIAL DJS	DATE 6/29/49
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY:	APPROVED: [Signature] SIGNATURE EXECUTIVE		
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE	[Signature] SIGNATURE EXECUTIVE FOR ARMY		

FROM		TO
TITLE		Intelligence Officer No. 1 (Editor)
GRADE AND SALARY		\$5-12-7600.00
OFFICE		main 417.20 p.a.
BRANCH		Program Planning Staff
DIVISION		Group 11
SECTION		Editorial Prod. Div.
OFFICIAL STATION		
DEPT. or FIELD		Washington, D. C.
REMARKS:		Departmental - 130-
<p>Attached are 2 forms 57. Security initiated 3 June 1949.</p>		<p>Searched 107 6/25/49</p> <p>POSTED</p> <p>6/25/49</p>
RECOMMENDED: OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER	DATE	
[Signature]	13 June 1949	

P.C. 9/30/49
(init) 130

4. PERSONNEL FOLDER COPY

PERSONAL HISTORY STATEMENT

- Instructions:**
1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
 2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes
Yes or No

SEC. 1. PERSONAL BACKGROUND

Telephone: _____

A. FULL NAME Mr. Everotto Howard Hunt, Jr. Office: _____
(Use No Initials) Everotto Howard Hunt Jr. Ext. _____
First Middle Last

PRESENT ADDRESS 30 Willott Street, Albany 6, New York, U.S.A.
St. & No. City State Country

PERMANENT ADDRESS 30 Willott Street, Albany 6, New York, U.S.A.
St. & No. City State Country

B. NICKNAME Howie WHAT OTHER NAMES HAVE YOU USED? Howard Hunt

 UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE
 NAMES? nom de plume
 HOW LONG? 7 years IF A LEGAL CHANGE, GIVE PARTICULARS _____

Where? By What Authority

C. DATE OF BIRTH 10/9/18 PLACE OF BIRTH Hamburg, N.Y., U.S.A.
City State Country

D. PRESENT CITIZENSHIP USA BY BIRTH? Yes BY MARRIAGE? _____
Country

BY NATURALIZATION CERTIFICATE / _____ ISSUED _____ BY _____
Date Court

AT _____
City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? No
Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
Country

GIVE PARTICULARS not applicable

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? No GIVE PARTICULARS:
not applicable

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? _____

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U.S. VISA _____
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE 30 SEX Male HEIGHT 5' 10 1/2" WEIGHT 168

EYES Blue HAIR Brown COMPLEXION Fair SCARS right eyebrow

BUILD medium OTHER DISTINGUISHING FEATURES None

SEC. 3. MARITAL STATUS

A. SINGLE X MARRIED _____ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

not applicable

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE not applicable
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE _____

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____
St. & No. City State Country

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN _____

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) None

1. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Everette Howard Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS 30 Willott Street, Albany 6, N.Y., USA
St. & No. City State Country

DATE OF BIRTH 15 Dec 1888 PLACE OF BIRTH Hamburg, New York, USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

OCCUPATION Lawyer LAST EMPLOYER Self

EMPLOYER'S OR OWN BUSINESS ADDRESS 11 NORTH BEAUL ST. ALBANY, N.Y.
St. & No. City State Country

MILITARY SERVICE FROM 1916 TO 1918 BRANCH OF SERVICE Air Service, SC
Date Date

COUNTRY USA DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Ethel Jean Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 Willott Street, Albany 6, New York, USA
St. & No. City State Country

DATE OF BIRTH 15 March 1891 PLACE OF BIRTH Canal Dover, Ohio

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

OCCUPATION Homemaker LAST EMPLOYER -----

EMPLOYER'S OR OWN BUSINESS ADDRESS -----
St. & No. City State Country

MILITARY SERVICE FROM ----- TO ----- BRANCH OF SERVICE -----

COUNTRY ----- DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME not applicable
First Middle Last AGE -----

PRESENT ADDRESS -----
St. & No. City State Country Citizenship

2. FULL NAME -----
First Middle Last AGE -----

PRESENT ADDRESS -----
St. & No. City State Country Citizenship

3. FULL NAME -----
First Middle Last AGE -----

PRESENT ADDRESS -----
St. & No. City State Country Citizenship

4. FULL NAME -----
First Middle Last AGE -----

PRESENT ADDRESS -----
St. & No. City State Country Citizenship

5. FULL NAME -----
First Middle Last AGE -----

PRESENT ADDRESS -----
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME not applicable
First Middle Last

LIVING OR DECEASED ----- DATE OF DECEASE ----- CAUSE -----

PRESENT, OR LAST, ADDRESS -----
St. & No. City State Country

DATE OF BIRTH ----- PLACE OF BIRTH -----

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY -----

CITIZENSHIP ----- WHEN ACQUIRED? ----- WHERE? -----
City State Country

OCCUPATION ----- LAST EMPLOYER -----

SEC. 9. MOTHER-IN-LAW

FULL NAME not applicable
First Middle Last
LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country
DATE OF BIRTH _____ PLACE OF BIRTH _____
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country
OCCUPATION _____ LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME not applicable RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT.

1. NAME not applicable RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

SEC. 12. EDUCATION

ELEMENTARY SCHOOL Hamburg PS ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1924-1932 GRADUATE? Yes
 HIGH SCHOOL Hamburg High School ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1932-1936 GRADUATE? Yes
 COLLEGE Brown University ADDRESS Providence 12, R.I., USA
City State Country
 DATES ATTENDED 1936-1940 DEGREE A.B.
 COLLEGE _____ ADDRESS _____
City State Country
 DATES ATTENDED _____ DEGREE _____

SEC. 13. MILITARY, NAVAL OR OTHER GOV'T SERVICE — U.S. OR FOREIGN

USA USAAF 1st Lt. 1943-1946
Country Service Rank Date of Service
 HQ Det. 202, OSS China 0-587241
Last Station Serial No.
 REMARKS: _____
 SELECTIVE SERVICE BOARD NUMBER Hona ADDRESS _____
 IF DEFERRED GIVE REASON _____
 INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS _____
not applicable

SEC. 14. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

1. FROM May, 1942 to February, 1949

EMPLOYING FIRM OR AGENCY Economic Cooperation Administration
 ADDRESS 2 rue St. Florentin, Paris 1, France
St. & No. City State Country
 KIND OF BUSINESS Public Relations NAME OF SUPERVISOR J. P. Fleming
 TITLE OF JOB M.S. Media Specialist SALARY: 3420. PER Year

YOUR DUTIES general PR work plus speech writing for Ambassador Harriman; film production.
 REASONS FOR LEAVING my publishing affairs deteriorated to such an extent that my presence in America became imperative for financial reasons.

2. FROM January, 1943 to October, 1943

EMPLOYING FIRM OR AGENCY TIME, Inc.

ADDRESS Rockefeller Plaza, New York, New York, USA
St. & No. City State Country

KIND OF BUSINESS Publishing NAME OF SUPERVISOR Dan Longwell

TITLE OF JOB War Correspondent SALARY \$ 150. PER week

YOUR DUTIES Report on South Pacific campaign

REASONS FOR LEAVING To re-enter military service

3. FROM October, 1942 TO January, 1943

EMPLOYING FIRM OR AGENCY The March of Time (TIME, Inc.)

ADDRESS 362 Lexington Avenue, New York 16, New York, USA
St. & No. City State Country

KIND OF BUSINESS documentary films NAME OF SUPERVISOR Louis de Rochemont

TITLE OF JOB Script writer SALARY \$ 150. PER week

YOUR DUTIES Write Naval training films and see list on monthly release.

REASONS FOR LEAVING Opportunity to return to a combat zone for LIFE.

4. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

5. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 16. GIVE FIVE CHARACTER REFERENCES — IN THE U.S. — WHO KNOW YOU INTIMATELY — (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

	Street and Number	City	State
1. Mr. Murray Snouse	BUS. ADD. State Bank of Albany, N.Y. RES. ADD. 321 State Street, Albany, N.Y.		
2. Mr. Chester T. Hubbell	BUS. ADD. Hubbell Lumber Co., Albany, NY, RES. ADD. Louderville, New York		
3. Hon. Westmore Willcox	BUS. ADD. 63 William St., New York 5, NY RES. ADD. East End Avenue, New York, N.Y.		
4. Dr. Bruce Bigelow	BUS. ADD. Brown University, Providence, R.I. RES. ADD. Brown University, Providence, R.I.		
5. Dr. R. C. Noyes	BUS. ADD. Brown University, Providence, R.I. RES. ADD. 164 Anthony St., Providence, R.I.		

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

	Street and Number	City	State
1. Hon. Archibald Douglas, Jr.	BUS. ADD. 120 Broadway, New York, New York RES. ADD. 455 E. 57th St., New York, N.Y.		
2. Hon. MacNeil Mitchell	BUS. ADD. 36 W. 14th Street, New York, NY RES. ADD. 137 East 35th St., New York, N.Y.		
3. Mr. Franklin A. Lindsay	BUS. ADD. "L" Bldg., Washington, D. C. RES. ADD. 3416 Que St., Washington, DC		
4. Mr. Robert G. North	BUS. ADD. 1719 North McCadden Place, Hollywood RES. ADD. 3947 Fredonia Dr., Hollywood, Cal.		
5. Maj. J. K. Sinclaud	BUS. ADD. "L" Bldg., Washington, D. C. RES. ADD. 5509 Johnson Ave., Bethesda, Md.		

SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S. — (Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. J. Stanley Davis	BUS. ADD. 3 Englewood Place	Albany	N.Y.
	RES. ADD. 90 State St.	Albany	N.Y.
2. Dr. Peter Kiernan, Jr.	BUS. ADD. 5 Englewood Place	Albany	N.Y.
	RES. ADD. 120 State Street	Albany	N.Y.
3. Bishop E. L. Barry	BUS. ADD. -----		
	RES. ADD. 32 Willott Street	Albany	N.Y.

SEC. 19. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME Royalties from book publishing

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS State Bank of Albany, N.Y.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No
GIVE PARTICULARS, INCLUDING COURT: not applicable

D. GIVE THREE CREDIT REFERENCES— IN THE U.S.

1. NAME <u>Brooks Prothors</u>	ADDRESS <u>346 Madison Ave., New York, N.Y.</u>
2. NAME <u>Abercrombie & Fitch</u>	ADDRESS <u>Madison Avenue, New York, N.Y.</u>
3. NAME <u>Hotels Statler</u>	ADDRESS <u>107 York, New York</u>

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

FROM	TO	St. No.	City	State	Country
FROM <u>1941</u>	TO <u>Present</u>	<u>30 Willott Street</u>	<u>Albany</u>	<u>6, N.Y.</u>	<u>USA</u>
FROM <u>1937</u>	TO <u>1941</u>	<u>125 Lancaster Ave.</u>	<u>Buffalo</u>	<u>N.Y.</u>	<u>USA</u>
FROM <u>1918</u>	TO <u>1937</u>	<u>35 Maple Avenue</u>	<u>Hamburg</u>	<u>New York</u>	<u>USA</u>
FROM	TO	St. No.	City	State	Country
FROM	TO	St. No.	City	State	Country
FROM	TO	St. No.	City	State	Country
FROM	TO	St. No.	City	State	Country
FROM	TO	St. No.	City	State	Country

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM	TO	City or Section	Country	Purpose
FROM <u>June 139</u>	TO <u>Sept. 1950</u>	<u>Europe</u>	<u>Placencia</u>	
FROM <u>March 147</u>	TO <u>July 147</u>	<u>Mexico</u>	<u>Guggenheim Fellowship</u>	
FROM <u>June 148</u>	TO <u>Feb. 149</u>	<u>Europe</u>	<u>Business</u>	

FROM _____	TO _____	City or Section _____	Country _____	Purpose _____
FROM _____	TO _____	City or Section _____	Country _____	Purpose _____
FROM _____	TO _____	City or Section _____	Country _____	Purpose _____

B. LAST U.S. PASSPORT - NUMBER, DATE, AND PLACE OF ISSUE: _____

Diplomatic 4267, 10 June, 1943, Washington

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? Two GIVE APPROXIMATE

DATES: May, 1939 January, 1943

PASSPORTS OF OTHER NATIONS: _____

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Zeta Psi Fraternity, Epsilon; Providence, R.I., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: February 1937 to present

2. Brown University Club; 86 Park Ave., New York, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: 1942 to present

3. Army & Navy Club, 1627 "I" St., Washington 6, D.C., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: June, 1948 to present

4. Fort Orange Club, 110 Washington Ave., Albany 6, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: February, 1946 to present

5. Albany Country Club, Albany 3, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: May, 1947 to November, 1948

6. Authors League of America, 6 E. 39th St., New York, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: 1942 to present

7. Screen Writers Guild, 1655 North Cherokee, Hollywood, Cal., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: 1947 to present

8. American Legion, Fort Orange Post, Albany, N.Y., USA

1942 to present

SEC. 23. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")

LANGUAGE Spanish SPEAK slight READ fluent WRITE fair

LANGUAGE French SPEAK fair READ fluent WRITE slight

LANGUAGE German SPEAK ----- READ slight WRITE -----

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Swimming - excellent Music(piano) - fair

Tennis - fair

Trap shooting - good

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Wartime OSS service as CBI Reports Officer

Graduate AAF Combat Intelligence School

Lecturer on Psychological Warfare at Army-Navy Staff College

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

Economic Cooperation Administration

E. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Office of Strategic Services - December, 1944

ECA - June, 1943

SEC. 24. MISCELLANEOUS

12

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR, OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES", EXPLAIN: No

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Moderately

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Mrs. E. H. Hunt RELATIONSHIP Mother

ADDRESS 30 Millatt Street, Albany 6, New York, USA
St. & No. City State Country

SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Albany, New York

City and State

DATE

May 11, 1949

John F. Dwyer

Witness

67-1-1-1-1-1 Albany NY

Ernest Howard Hunt

Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14. Time unaccounted for in the Employment History was spent either in College, Military or Naval Service or in creative writing.
14. 1 Salary stated is inclusive of allowances.
19. A To date I have published 4 novels, one of which deals in part with OSS activities in Europe and the Far East during the war. In past years I have contributed to LIBERTY, THE NEW YORKER, and COSMOPOLITAN. My royalties yield me an average of \$3,000 a year above my salary. A fifth novel is to be published in August, 1949, and this year an estimated 1 million copies of two books in pocket editions will be in circulation.
22. American War Correspondents Association, 13 West 54th Street, New York, New York
23. C At the request of the Allied High Commissioner for Austria, Lt. Gen. Geoffrey Keyes, I was placed on assignment in Vienna to the ECA Special Mission for the purpose of writing and producing an official U.S. documentary film directed at the Anti-communist elements of Austria, and specifically toward Austrian labor groups. The film has received wide distribution in all Allied zones except the Russian Zone, and its showing at the Vienna Fair, I have been informed, was the subject of an official Russian protest. I was solely responsible for the creation of this film, MIT VERBINTEN ISRAPTEN.

SECURITY APPROVAL

CONFIDENTIAL

To : ~~XXXXXXXXXXXX~~ Deputy Personnel Officer Date: 30 September 1949
 From : Chief of Inspection and Security Number: 23500
 Subject: HUNT, Everette Howard, Jr.

1. Note "X" below:

☒ Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

☐ Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

☒ Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

Memorandum dated 3 June 1949 stated Subject is an applicant for OPC.

[Signature]
 RAYAL P. GEISS
 Chief, Personnel Security Division

CONFIDENTIAL

PERSONAL HISTORY STATEMENT

- Instructions:**
1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
 2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? _____
Yes or No

SEC. 1. PERSONAL BACKGROUND

Telephone: _____
 Office: _____
 Home: _____

A. FULL NAME ^{Titles} MR. EVERETTE HOWARD HUNT, JR. ^{Ext.} _____
(Use No Initials) First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country

PERMANENT ADDRESS _____
St. & No. City State Country

B. NICKNAME _____ WHAT OTHER NAMES HAVE YOU USED? _____
 _____ UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? _____
 HOW LONG? _____ IF A LEGAL CHANGE, GIVE PARTICULARS _____
Where? By What Authority

C. DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

D. PRESENT CITIZENSHIP _____ BY BIRTH? _____ BY MARRIAGE? _____
Country

BY NATURALIZATION CERTIFICATE # _____ ISSUED _____ BY _____
Date Court

AT _____
City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? _____
Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
Country

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? _____ GIVE PARTICULARS: _____

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? _____

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U.S. VISA _____
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ COMPLEXION _____ SCARS _____

BUILD _____ OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED ☒ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNUITMENTS _____

NOT APPLICABLE

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDE ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE DOROTHY LOUISE WETZEL HUNT
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE MALDEN MA NEW YORK SEPT 7-1944

HIS (OR HER) ADDRESS BEFORE MARRIAGE 96 ECA PARIS FRANCE
St. & No. City State Country

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 WILLET ST ALBANY NY USA
St. & No. City State Country

DATE OF BIRTH APR 1-1920 PLACE OF BIRTH DAYTON OHIO USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
City State Country

OCCUPATION HOUSE WIFE LAST EMPLOYER EDP PARIS FRANCE

EMPLOYER'S OR BUSINESS ADDRESS NOT APPLICABLE
St. & No. City State Country

MILITARY SERVICE FROM NOT TO APPLICABLE BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U.S. OR FOREIGN

US DEPT OF STATE

US TREASURY DEPT

ECA

JULY 1944 - JAN 1945 - BERN SWITZ

APR 1946 - MAY 1947 - SHANGHAI CHINA

APR 1948 - AUG 1949 - PARIS FRANCE

NOTE WIFE'S FUR MARRIED NAME "GENTIERE".

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN. _____

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME _____ First Middle Last
LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
PRESENT, OR, LAST, ADDRESS _____ St. & No. City State Country
DATE OF BIRTH _____ PLACE OF BIRTH _____ City State Country
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____ City State Country
OCCUPATION _____ LAST EMPLOYER _____
EMPLOYER'S OR OWN BUSINESS ADDRESS _____ St. & No. City State Country
MILITARY SERVICE FROM _____ Date TO _____ Date BRANCH OF SERVICE _____
COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN. _____

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME _____ First Middle Last
LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS _____ St. & No. City State Country
DATE OF BIRTH _____ PLACE OF BIRTH _____ City State Country
CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____ City State Country
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

OCCUPATION _____ LAST EMPLOYER _____
EMPLOYER'S OR OWN BUSINESS ADDRESS _____
MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN. _____

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME _____ AOE _____
PRESENT ADDRESS _____
2. FULL NAME _____ AOE _____
PRESENT ADDRESS _____
3. FULL NAME _____ AOE _____
PRESENT ADDRESS _____
4. FULL NAME _____ AOE _____
PRESENT ADDRESS _____
5. FULL NAME _____ AOE _____
PRESENT ADDRESS _____

SEC. 8. FATHER-IN-LAW

FULL NAME ALBERT CHARLES WETZEL
LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS 90 NCR DAYTON OHIO USA
DATE OF BIRTH JUNE 27 1891 PLACE OF BIRTH DAYTON OHIO USA
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
OCCUPATION NATIONAL GUARD LAST EMPLOYER DAYTON, OHIO

SEC. 9. MOTHER-IN-LAW

FULL NAME JEANNETTE ELNER DAVIS
First Middle Last
 LIVING OR DECEASED LIVING DATE OF DECEASE — CAUSE —
 PRESENT, OR LAST, ADDRESS 187 HAWTHORNE AVE SARASOTA
St. & No. City State Country FLA
 DATE OF BIRTH SEPT 4-1891 PLACE OF BIRTH DAYTON, OHIO USA
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE
 CITIZENSHIP USA WHEN ACQUIRED BIRTH WHERE? — City State Country
 OCCUPATION RECEPTIONIST LAST EMPLOYER SARASOTA HOSPITAL

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES: NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State Country
 2. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State Country
 3. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT. NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) —
 2. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) —
 3. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) —

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT SARASOTA, FLA.
City and State

DATE 11 Oct. 1949

Jeannette Davis
Witness

E. Howard Hunt
Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME <u>E. Howard Hunt</u>		DATE <u>22 August 1950</u>
NATURE OF ACTION <u>Appointment</u>		EFFECTIVE DATE <u>10 December 1950</u> 27 August 1950 10 Dec. 1950
TITLE GRADE AND SALARY OFFICE DIVISION BRANCH OFFICIAL STATION	FROM	TO <u>Intelligence Officer II</u> Chief of Station
		GS-13 \$7,600 p.a.
		OPC
		Latin America
		Operations
		Mexico, MEXICO CITY
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR <u>11 Sept 50</u>	EXECUTIVE
CLASSIFICATION <u>W 139</u> <u>Joseph S. Ruff</u> <u>Anthony Thomas</u>	PERSONNEL OFFICER <u>C. D. Hulick</u> EAD/OPC <u>W. B. G. / by him</u>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON <u>11 December 1950</u>		
SECURITY CLEARED ON <u>7 December 1950</u> 7 December 1950		
OVERSEAS AGREEMENT SIGNED <u>11 December 1950</u>		
ENTERED ON DUTY <u>10 December 1950</u>		
SIGNATURE OF AUTHENTICATING OFFICER <div style="border: 1px solid black; height: 20px; width: 150px; margin: 0 auto;"></div>		
REMARKS: Charge to Mexico slot #1, JBEDICT Budgetary allotment IA #3 Transfer annual & sick leave from unencumbered funds Redacted Transfer annual & sick leave from unencumbered funds. ✓ E.H. Paris <div style="text-align: right;"><u>W. B. G.</u></div>		

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

Central Intelligence Agency Washington, D. C.
(Department or agency) (Bureau or division) (Place of employment)

I, E. Howard Hunt, Jr., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

Dec 18, 50 E. Howard Hunt, Jr.
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 11th day of December, A. D. 1950.

at Washington D. C.
(City) (State)

[SEAL]

Oliver D. Hudson
(Signature of officer)
Clerk
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

2. (A) DATE OF BIRTH

(B) PLACE OF BIRTH (city or town and State or country)

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY

(B) RELATIONSHIP

(C) STREET AND NUMBER, CITY AND STATE

(D) TELEPHONE NO.

E. H. HUNT

Father

*30 Willet St.
Albany, N.Y.*

3-6218

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☐ NO

If no, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	(3) TEMPORARY OR NOT (4) RELATIONSHIP	RELATION- SHIP	MAR- RIED (Check one)	SINGLE
		1.				
		2.				
		3.				
		4.				
		5.				
		6.				
		7.				
		8.				
		9.				
		10.				

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

1. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?

2. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

If your answer is "Yes", give details in Item 10.

3. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and stating, if retired from military or naval service.

4. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?

If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.

5. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$5 OR LESS, OR FORFEITED COLLATERAL OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?

If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and laws of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee.*—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee is guided in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the mental certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

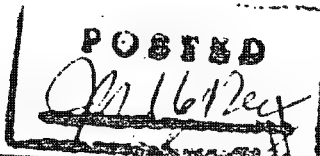
(2) *Age.*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

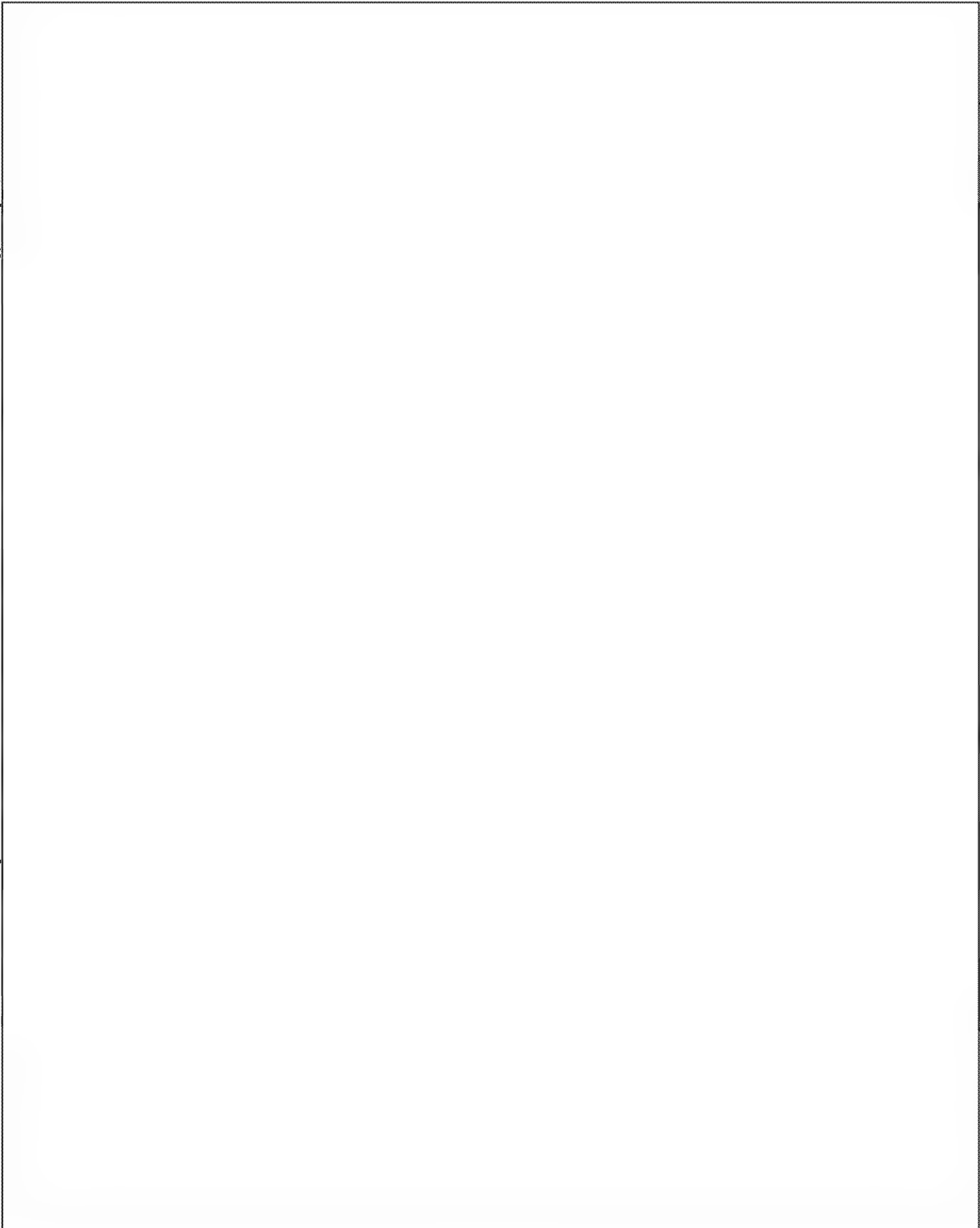
(3) *Citizenship.*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appointment acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying officer of the Civil Service Commission.

(4) *Members of Family.*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under presidential or Departmental appointments in the competitive service, no other member of such family may be eligible for promotional or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

SECRET

MR *file*
OK

CONFIDENTIAL FUNDS PERSONNEL ACTION			
NAME R. Howard Hunt, Jr.		DATE 13 December 1950	
NATURE OF ACTION Integration		EFFECTIVE DATE 13 December 1950	
TITLE GRADE AND SALARY OFFICE DIVISION BRANCH OFFICIAL STATION	FROM	TO	
	Intelligence Officer GS-13	Attache FSB-4	
	GS-13 \$7,600.00	FSB-4 \$7,830.00	
	OPC	OPC	
	IA	IA	
	Mexico City, Mexico	Mexico City, Mexico	
QUALIFICATIONS	APPROVAL		
	FOR ASSISTANT DIRECTOR	EXECUTIVE	
CLASSIFICATION	PERSONNEL OFFICER		
	<i>See memo</i>		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/>	NO <input type="checkbox"/>
PATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
REMARKS:		SIGNATURE OF AUTHENTICATING OFFICER	
<p>Subject is due a lump sum payment for annual leave to be paid up to 12 December 1950.</p> <div style="text-align: right;">  </div>			



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- 2 -

SECRET

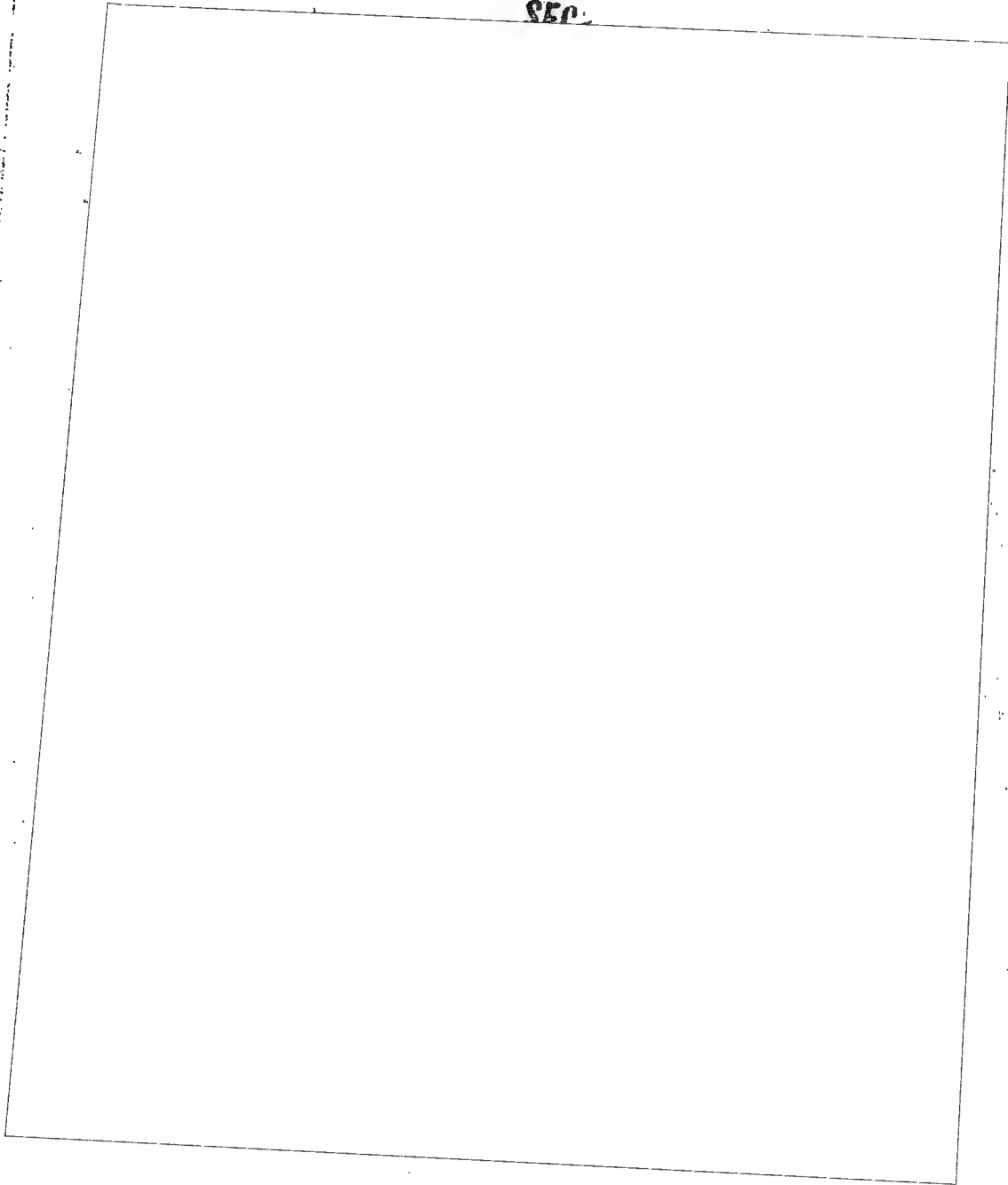
SECRET

CPC

-3-
SECRET

TOP SECRET

SECRET



-4-
SECRET

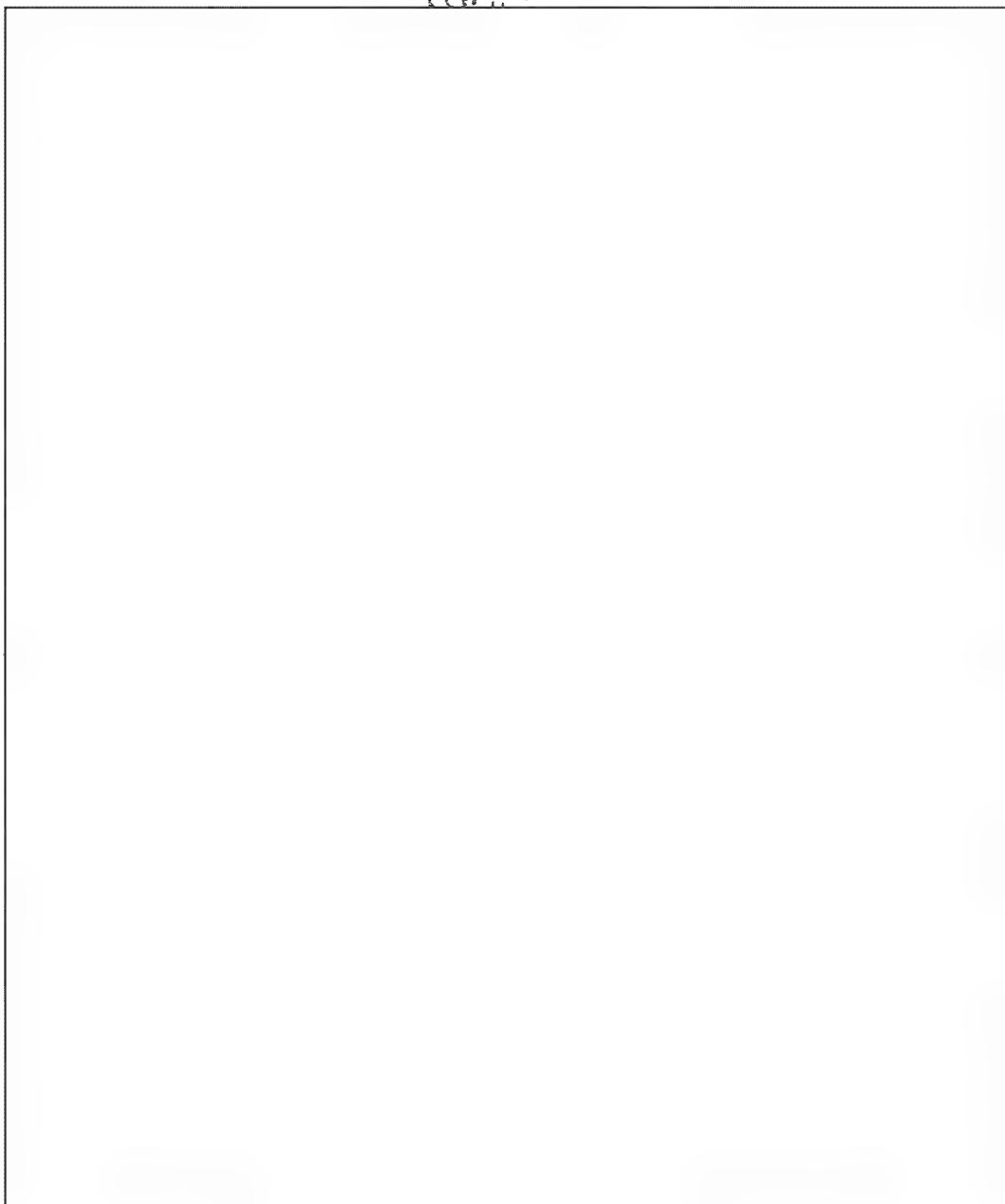
SECRET



-5-

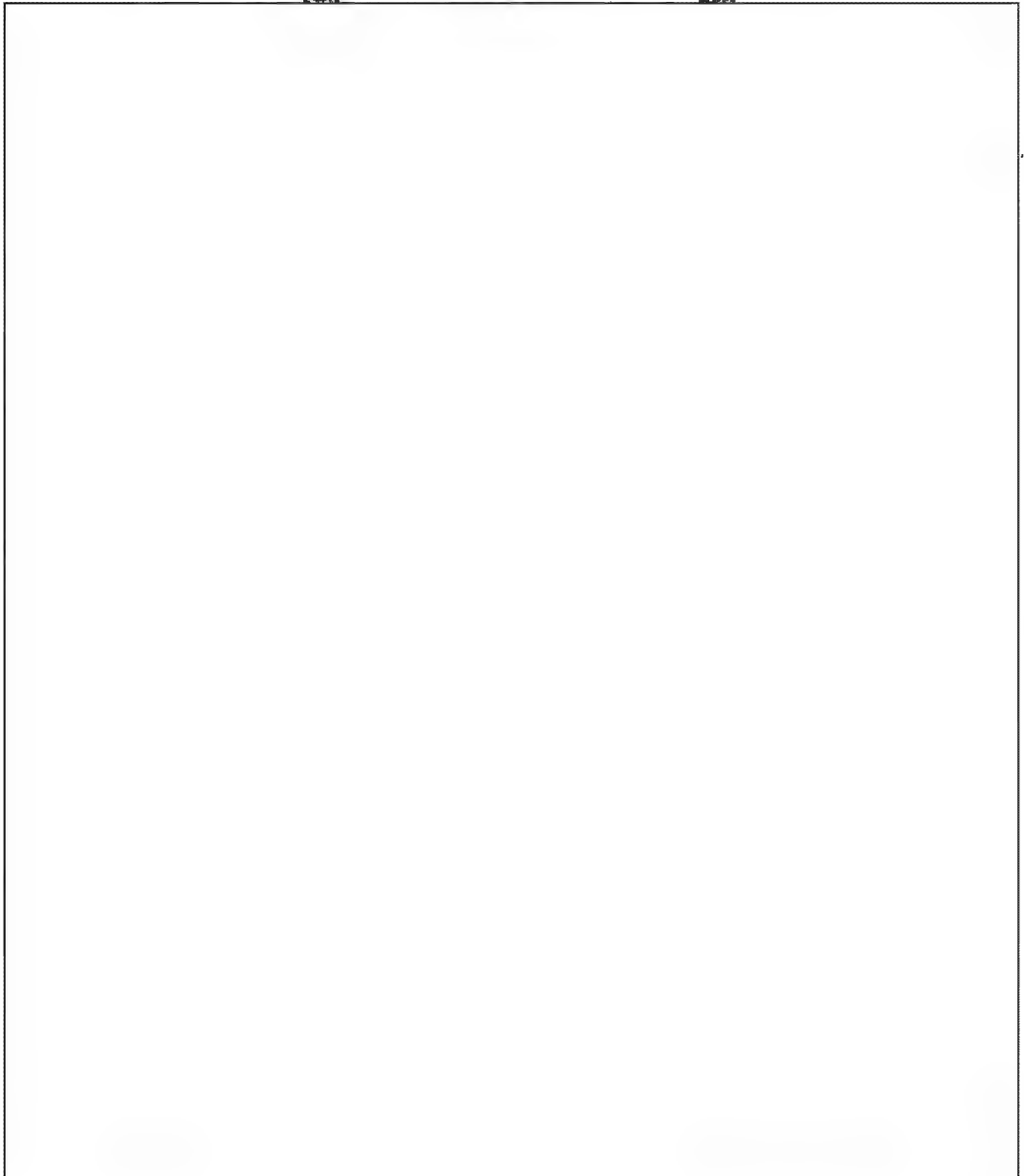
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-7-

SECRET

~~SECRET~~
~~SECRET~~

In the event any of the provisions in this Article are inconsistent with the provisions of any other Article in this contract, the provisions of this Article XV, shall govern and be determinative of the rights and obligations under this contract.

UNITED STATES OF AMERICA

WITNESS:

Joseph S. Relf
(~~POPE JOHN BRANCH OFFICE~~)
CHIEF, OVERSEAS BRANCH

APPROVED:

~~XXXXXXXXXXXXXXXXXXXX~~
Chief of Operations

~~XXXXXXXXXXXXXXXXXXXX~~
Assistant Chief of
Special Operations

BY: J. P. Chibinski
~~XXXXXXXXXXXXXXXXXXXX~~
CHIEF, EMPLOYEES DIVISION
E. Edward Hunt, Jr.
(Employee)

SECRET

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION (lag)

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Edward Hunt		9 Oct. 1918	14057	30 Dec. 1950
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Resignation*		COB 9 Dec. 1950		
FROM		TO		
Intelligence Officer GS-13 (Editor) GS-13-130-\$7600.00 per annum		8. POSITION TITLE		
OPC Program & Planning Staff Program Group II Editorial Prod. Division Washington, D. C.		9. SERVICE, SERIES, GRADE, SALARY		
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
12. FIELD OR DEPTL		12. FIELD OR DEPTL		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> Bu. 12971 CSC/3112 6/2/49		
15. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	16. RACE W <input checked="" type="checkbox"/> N <input type="checkbox"/>	17. APPROPRIATION FROM: 2115900 TO: 801-101	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINT- MENT OF AFFIDAVIT (ACCESSIONS ONLY)
		20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
* To accept other employment.				
LHD: 12/8/50 LSL: 155 hrs., 12/11/50 thru 11:30 am, 1/9/51.				
ENTRANCE EFFICIENCY RATING:				
Employee Division				
22. SIGNATURE OR OTHER AUTHENTICATION				

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard Hunt (Integree)		DATE 16 May 1951
NATURE OF ACTION Promotion		EFFECTIVE DATE 10 June 1951
TITLE	FROM Attache FSR-4 (I.O.) (GS-13)	TO Attache FSR-4 (I.O.) (GS-14)
	GRADE AND SALARY FSR-4 \$7830.00 (GS-13 \$7800 per annum)	FSR-4 \$7830.00 (GS-14 \$8800 per annum)
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION <i>Secret 842</i>	PERSONNEL OFFICER <i>H. C. Jensen 5.6/51</i>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
REMARKS:		SIGNATURE OF AUTHENTICATING OFFICER
Slot #1 - JBEDICT-Mexico Semi-covert Difference between \$8800 and \$7830 to be paid by CIA. In grade since EOD 10 December 1950		<i>[Signature]</i> <i>[Signature]</i>

SECRET

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard HUNT		DATE 24 May 1961
NATURE OF ACTION Periodic Pay Increase		EFFECTIVE DATE 13 May 61
TITLE GRADE AND SALARY OFFICE DIVISION BRANCH OFFICIAL STATION	FROM	TO
	Attache Intelligence Officer	Attache Intelligence Officer
	PSR-4 \$7830.00	PSR-4 \$7830.00
	GS-13 \$7600.00	GS-13 \$7800.00
	OPC	OPC
LA	LA	LA
	Mexico City, Mexico	Mexico City, Mexico
APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
(SIGNATURE OF AUTHENTICATING OFFICER)		
REMARKS: L.S.I. 8 Nov. 1949 This is to certify that the conduct and services of the employee during this period were satisfactory in all respects. <div style="border: 1px solid black; height: 20px; width: 600px; margin: 10px auto;"></div> <div style="border: 1px solid black; height: 20px; width: 100px; margin: 10px auto; text-align: center;">Division Chief</div>		

1. Agency and organizational designations				2. Pay period		3. Block No. UV		4. Slip No.	
5. Employee's name (and social security account number when appropriate) FUNT, E. HOWARD						6. Grade and salary GS - 14 \$9600			
PAY ROLL CHANGE DATA									
	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F.I.C.A.		NET PAY
7. Previous period									
8. Prior period									
9. For this period									
10. Remarks <div style="text-align: center; font-size: 2em;">14</div>						11. Appropriation(s) OSO/VII		12. Prepared by	
								13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase									
14. Effective date Dec 52	15. Date last equivalent increase 10 Jun 51	16. Old salary rate \$9600	17. New salary rate \$9800	18. Performance rating is satisfactory or better.					
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s): <input type="checkbox"/> No excess LWOP Total excess LWOP				(Check applicable box in case of excess LWOP) <input type="checkbox"/> Leave status <input type="checkbox"/> Sick leave status <input type="checkbox"/> Other status (Signature or other authentication)					
PAY ROLL CHANGE SLIP — PERSONNEL COPY									

STANDARD FORM 52
PERSONNEL ACTION
U. S. DEPARTMENT OF DEFENSE
SECURITY INFORMATION
GENERAL PERSONNEL
CHARTER 11

REQUEST FOR PERSONNEL ACTION

SECRET
SECURITY INFORMATION

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. <u>Howard O. HUNT</u>	9 Oct. 1918	-	30 Apr. 53
5. NATURE OF ACTION REQUESTED. A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSER	7. C. S. OR OTHER LEGAL AUTHORITY
		7 Mar. 53 *	
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED 7 Mar 53	

FROM: ATTACHE, <u> </u> <u> </u> 98300.00 p.a. DDP WH III Mexico City, Mexico <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	A. POSITION TITLE AND NUMBER B. SERVICE GRADE AND SALARY C. ORGANIZATIONAL DESIGNATIONS D. HEADQUARTERS E. FIELD OR DEPARTMENTAL	TO: <u>INTEL OFF</u> <u> </u> GS-132-1b, \$9300.00 p.a. DDP WH III Mexico City, Mexico <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
---	--	--

10. REMARKS (Use reverse if necessary)
5-1
* Subject resigned in the field effective this date.
CD57
PCPP

11. REQUESTED BY (Name and title) <u> </u> C.A.I.	12. REQUEST BY Signature: <u> </u> Title: <u>D. D/P Admin.</u>
---	---

13. VETERAN PREFERENCE NONE: WWII OTHER: S-PT. 10 POINT DISAB. OTHER	14. POSITION CLASSIFICATION ACTION NEW: VCL L.A. REAL
--	--

15. SEX: <u>M</u>	16. RACE: <u>W</u>	17. APPROPRIATION FROM: <u> </u> TO: <u>3522</u>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSARYS ONLY)	20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <u>Virginia</u>
-------------------	--------------------	---	--	---	--

21. STANDARD FORM 50 REMARKS

FOSTERED
4m11/12/53

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEN. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E			

23. APPROVED BY
 5-11-53

SECRET

PP

STANDARD - FORM 62
PAGE 102
 U.S. DEPARTMENT OF JUSTICE
 FEDERAL BUREAU OF INVESTIGATION
 WASHINGTON, D.C.

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Last, first, middle - One given name, initial(s), and surname) Mr. E. Howard HUNT		2. DATE OF BIRTH 9 OCT 1918		3. REQUEST NO. 174-53		4. DATE OF REQUEST 18 MAY 1953	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Resignation Reassignment				6. EFFECTIVE DATE A. PROPOSED:		7. C. S. OR OTHER LEGAL AUTHORITY	
8. POSITION (Specify whether establish, change grade or title, etc.)				9. APPROVED:			
FROM— Intelligence Officer 5-1 GS-132-14 \$9800 DDP/WH III Mexico City, Mexico		10. POSITION TITLE AND NUMBER		11. SERVICE GRADE AND SALARY		12. ORGANIZATIONAL DESIGNATIONS	
13. HEADQUARTERS		14. FIELD OR DEPARTMENTAL		15. FIELD		16. DEPARTMENTAL	
17. REMARKS (Use reverse if necessary) Slot #1 Transfer leave to Vouchered Funds. SECRET							
18. REQUEST BY (Name and title)				19. REQUEST APPROVED BY (Name and title)			
20. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)				21. SIGNATURE			
22. VETERAN PREFERENCE				23. POSITION CLASSIFICATION ACTION			
24. SEX, RACE, 15. APPROPRIATION, 16. FROM, 17. TO				25. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)			
26. LEGAL RESIDENCE				27. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)			
28. STANDARD FORM 50 REMARKS				29. LEGAL RESIDENCE CLAIMED PROVED			
30. CLEARANCES				31. INITIAL OR SIGNATURE			
32. DATE				33. REMARKS			
34. A. B. C. D. E.				35. F. APPROVED BY			

SECRET

STANDARD FORM 52 PROVIDED BY THE U. S. CIVIL SERVICE COMMISSION JANUARY 1953 EDITION, REVISIONS BASIC NUMBER 5		SECRET VOUCHERED		PP
REQUEST FOR PERSONNEL ACTION				
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6d and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse;				
1. NAME (Mr., Mrs., Miss, etc. - One given name, initials, and surname) Mr. E. Howard HUNT		2. DATE OF BIRTH 9 OCT 1918		3. REQUEST NO. 174A-53
4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Appointment Reassignment		5. EFFECTIVE DATE A. PROPOSED:		6. DATE OF REQUEST 18 May 1953
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:		7. C.S. OR OTHER LEGAL AUTHORITY
FROM—		8. POSITION TITLE AND NUMBER 9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL		TO— Operations Officer BD-22-14 GS-132-14 \$9800 DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
A. REMARKS (Use reverse if necessary) <p style="text-align: center;">Transfer leave from Unvouchered Funds.</p>				
13. REQUESTED BY (Name and title) JOSEPH LUKK SE/ADMIN		14. REQUEST APP. Signature: <i>[Signature]</i> Title:		
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) ROBERT DURNS X-3965				
15. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 10 POINT <input type="checkbox"/> 5 POINT <input type="checkbox"/> 4 POINT <input type="checkbox"/> 3 POINT <input type="checkbox"/> 2 POINT <input type="checkbox"/> 1 POINT <input type="checkbox"/>		16. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
17. APPROPRIATION 4-3200-20 FROM TO		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. STANDARD FORM 50 REMARKS <p style="text-align: right;">Approved 7/23/53 W. A. Robome</p>				
21. CLEARANCES A. B. CEIL. OR POS. CONTROL C. CLASSIFICATION D. PLACEMENT OR ENPL. E.		INITIAL OR SIGNATURE DATE		REMARKS:
F. APPROVED BY <i>[Signature]</i> 6/18/53		SECRET		

CENTRAL INTELLIGENCE AGENCY

~~SECRET~~
~~SECRET~~

NOTIFICATION OF PERSONNEL ACTION *conc. 23 Jul 53 bn*

1. NAME (MR.-MISS.-MRS.-ONE GIVEN NAME, INITIAL(S), AND SURNAME) R. E. Howard Hunt		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 30 July 1953
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 2 Aug. 1953	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-6.116 (b)	
FROM		TO		
Intelligence Officer S-1 GS-132-14 \$9800.00 per annum DDP/WH III Mexico City, Mexico		Operations Officer 2D-27-14 GS-132-14 \$9800.00 per annum DDP/GE SE Political & PW Staff Office of the Chief Washington, D.C.		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL 11. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 15-POINT DISAB. NOTED <input type="checkbox"/>		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL 14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VCS <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F 16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N 17. APPROPRIATION FROM 4-3570-55-060 TO 4-3200-20		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) yes 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
Transfer TO vouchered funds FROM unvouchered funds				
Chief, Personnel Division EXTENDED PERFORMANCE RATING				

~~SECRET~~

STANDARD FORM 52
PREPARED BY THE
U. S. CIVIL SERVICE COMMISSION
GENERAL INFORMATION PERSONNEL
MANUAL, CHAPTER II

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard Hunt	9 Oct. 1918		4 Aug. 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
Promotion			
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: 16 Aug 53	

FROM— Operations Officer BD-22-14 GS-132-14 \$9800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.	10. POSITION TITLE AND NUMBER 11. SERVICE GRADE AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS 14. FIELD OR DEPARTMENTAL	TO— Operations Officer BD-22 GS-132-15 \$10,800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

APPROVED BY PP/CSB

CONCURRED

W. B. Brubaker
Chairman
PP CAREER SERVICE BOARD

Chief SE Division

B. REQUESTED BY (Name and telephone extension)

Signature:

Title:

PP/CSO

DD/P CAREER SERVICE BOARD

13. VETERAN PREFERENCE			
NONE	WWII	OWEN	S.P.T.
			10 POINT
			DISAB OTHER

14. POSITION CLASSIFICATION ACTION			
NEW	VICE	L.A.	REAL

CD-PP

CD-PP

15. SEX	16. RACE	17. APPROPRIATION
		FROM:
		TO:

18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)

19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)

20. LEGAL RESIDENCE

☐ CLAIMED ☐ PROVED
STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CITIL OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL			
E.			

F. APPROVED BY

H. C. Hunt 14 Aug 53

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct. 18	3. JOURNAL OR ACTION NO.	4. DATE 14 Aug. 53
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Promotion		6. EFFECTIVE DATE 16 Aug. 53	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sec. A-6.116(b)	
FROM Operations Officer RD-22-1A GS-132-14 \$9800.00 per annum DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.		8. POSITION TITLE 9. SERVICE, SERIES, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	TO Operations Officer RD-22 GS-132-15 \$10,800.00 per annum Same Same Same	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT.	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S-P.T. <input checked="" type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> CO-PP GS-132		
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 4-3200-20 TO: Same	18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)
			20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____	
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
ENTRANCE PERFORMANCE RATING Acting Chief, Personnel Division				

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS.-ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct. 18	3. JOURNAL OR ACTION NO.	4. DATE 16 Feb. 54
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 28 Feb. 54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
Operations Officer ED 22		Ops. Off (PP Staff Ch) ED-18		
GS-132-15 \$10,800.00 per annum		GS-0136.31-15 \$10,800.00 per annum		
Political & PW Staff Office of the Chief		DOP/SE Political & Psych. Warfare Staff		
		Washington, D. C.		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
11. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER 3-PT. 10-POINT DISAB OTHER		NEW VICE L.A. REAL		
<input checked="" type="checkbox"/> Y		CD-PP		
13. SEX M	16. RACE W	17. APPROPRIATION FROM: 4-3200-20 TO: same	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINT- MENT AFFIDAVIT (ACCESSIONS - 1-5)
			20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVIDED STATE:	
21. REMARKS. This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<p>ENTRANCE PERFORMANCE RATING</p> <p>Deputy Assistant Director for Personnel</p> <p>II SIGNATURE OF AUTHORITY</p>				

STANDARD FORM 52
PREPARED BY THE
U. S. CIV. SERVICE COMMISSION
ARMY AND NAVAL PERSONNEL
BRANCH, OFFICE OF

REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initials, and surname) Mr. D. Howard HUNT	2. DATE OF BIRTH 9 Oct 1918	3. REQUEST NO.	4. DATE OF REQUEST
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: 28 Feb 1954	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM: Operations Officer . ED-22 GS-132-15 \$10,800 S. Political & PW Staff Office of the Chief Washington, D. C.	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL	TO: Ops Off-PP Staff CH ED-18 GS-0136.01-15 \$10,800 DDF/3E Political & Psychological Warfare Staff Washington, D. C. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>
---	--	---

A. REMARKS (Use reverse if necessary)

B. REQUESTED BY (Name and title) S. ADMIN		D. REQUEST APPROVED BY Signature: [Signature] Title: Personnel Officer	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) William ... 3965		14. POSITION CLASSIFICATION ACTION CD - PP	
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> S-PT. <input type="checkbox"/> 15 POINT <input type="checkbox"/> DISAB. OTHER		15. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	
16. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F 17. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N 17. APPROPRIATION FROM: 3200 - 20 TO: 4 - 3200 - 20		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:			

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	[Signature]	1/22	
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			
F. APPROVED BY 2-16-54			

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 21 May 1954
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE B.O.B. 23 May 1954	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 U.S.C. 403 j	
FROM		TO		
Ops Officer (PP Staff Ch) EO-18 GS-0136.31-15 \$10,800.00 per annum BDP/BE Political & Psych Warfare Staff Washington, D. C.		Ops Officer (PP) BFP 1455 GS-0136.31-15 \$10,800.00 per annum BDP/FE SR/TA Political & Psych Warfare Staff		
11. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WITH <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 15-POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>		12. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL <input type="checkbox"/> CD-PP		
13. APPROPRIATION FROM: 4-3200-20 TO: 4-3700-55-121		14. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes		15. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
16. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.		17. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.		
Subject to approved medical clearance prior to being sent overseas.				
"Transfer TO Unvouchered funds FROM Vouchered funds."				
ENTRANCE PERFORMANCE RATING				
Deputy Assistant Director for Personnel				

4/19/54
PERSONNEL FOLDER COPY

STANDARD FORM 52
FORM DATED BY THE
U. S. CIVIL SERVICE COMMISSION
SERIES 100 - PERSONNEL
MANUAL CHAPTER 21

REQUEST FOR PERSONNEL ACTION

SECRET

UNVOUCHERED

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs. - One given name, initials, and surname)

Mr. E. Howard Hunt

2. DATE OF BIRTH

9 Oct 18

3. REQUEST NO.

4. DATE OF REQUEST

7 April 54

5. NATURE OF ACTION REQUESTED:

A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

REASSIGNMENT

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED:

7. C. S. OR OTHER
LEGAL AUTHORITY

B. APPROVED:

Feb 23 May 54

FROM - Ops Officer (PP Staff Ch) ED-1S

8. POSITION TITLE AND
NUMBER

TO -

Ops Officer (PP) EFF #1455

GS-0136.31-15 \$10,800.00

9. SERVICE, GRADE, AND
SALARY

DDP/FE

Political & Psych Warfare Staff

Washington, D.C.

10. ORGANIZATIONAL
DESIGNATIONS

11. HEADQUARTERS

GS-0136.31-15 \$10,800 p/a

DDP/FE

SR/NA

Political & Psych Warfare Staff

12. FIELD

XXX DEPARTMENTAL

12. FIELD OR DEPARTMENTAL

XXX FIELD

DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Subject to be temporarily slotted with incumbent now occupying slot #1455
until the later transfers.

13. REQUESTED BY

FE/Personnel Officer

14. REQUEST APPROVED BY

Signature

Title

15. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

2566

16. VETERAN PREFERENCE

NONE WWI OTHER S-PT. 15-POINT
DISAB. OTHER
X

17. POSITION CLASSIFICATION ACTION

NEW VICE L.A. REAL

CD:PP

18. SEX

19. RACE

20. APPROPRIATION

FROM: 43200-20

TO: 43700-54-121

21. SUBJECT TO C. S.
RETIREMENT ACT
(YES-NO)

Yes

22. DATE OF APPOINT-
MENT AFFIDAVITS
(ACCESSIONS ONLY)

23. LEGAL RESIDENCE

CLAIMED PROVED

STATE:

24. STANDARD FORM 50 REMARKS

Eff. date 4/23/54
FE/Personnel Officer
24 May 54

Conc. (Reserve)
21 May 54
24 May 54

Approved APR 20 1954
PP/Career Service

CPB
notified
24 May 54

25. CLEARANCES

INITIAL OR SIGNATURE

DATE

REMARKS:

A.

B. CEIL. OR POS. CONTROL

C. CLASSIFICATION

D. PLACEMENT OR

E.

F. APPROVED BY

Robert V. [Signature] SECRET

U. S. GOVERNMENT PRINTING OFFICE: 1952 - 007576

1. Employee's name (and social security account number where appropriate)
W. E. Howard

2. Pay roll no.
85-15

3. Sign. No.
UY

4. Ship No.

5. Grade and salary
GS-15 \$10,500

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F. I. C. A.	NET PAY
7. Previous normal								
8. New normal								
9. Pay this period								

10. Remarks
PROMOTED TO DOL DIRECTIVE
10/1/55

11. Appropriation(s)
PZ-14

12. Prepared by
gal 1.24/55

13. Audited by

11,880

☐ Periodic step-increase ☐ Pay adjustment ☐ Other step increase

14. Effective date
2/13/55

15. Date last equivalent increase
3/1/53

16. Old salary rate
\$10,500

17. New salary rate
\$11,050

18. Performance rating is satisfactory or better.

19. LWOP data (fill in appropriate space covering LWOP period(s))
☐ No excess LWOP. Total excess LWOP _____

(Check applicable box in case of excess LWOP)
☐ Excess LWOP status ended at closing period.
☐ Excess LWOP status ended at closing period.

STANDARD FORM NO. 1124a-9-54
 Form prescribed by Comp. Gen., U. S.
 Nov. 9, 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SECRET

REQUEST FOR PERSONNEL ACTION		UNVOUCHERED	
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs. One given name, initials, and surname) Mr. E. Howard Hunt		2. DATE OF BIRTH <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		4. EFFECTIVE DATE A. PROPOSED: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
5. POSITION (Specify whether establish, change grade or title, etc.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		6. APPROVED: MAY 10 1956	
FROM— DDP/FE SR/NA Political & Psychological Warfare Staff		TO— Ops Officer - PP BFF-1455 OS-0136.31-15 \$11,860.00 p/a DDP/FS North Asia Station PP Staff	
7. FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>		8. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> SD:DP	
9. REMARKS (Use reverse if necessary) T/O Change			
10. REQUESTED BY (Name and title) CEE/PT		11. REQUEST APPROVED BY Signature: _____ Title: _____	
12. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) 2205			
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> PT <input type="checkbox"/> 16 ANNY <input type="checkbox"/> DEAB <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1 & 1 REAL <input type="checkbox"/>	
15. SEX <input type="checkbox"/> FROM <input type="checkbox"/> TO <input type="checkbox"/>		16. APPROPRIATION FROM <input type="checkbox"/> TO <input type="checkbox"/>	
17. SUBJECT TO C S RETIREMENT ACT (YES—NO) <input type="checkbox"/>		18. DATE OF APPOINT- MENT AFFIDAVITS (NATIONS ONLY) <input type="checkbox"/>	
19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____		20. STANDARD FORM 50 REMARKS <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> CONCUR PP Career Service </div>	
21. CLEARANCES A. _____ B. CEIL OR POS. CONTROL WIA C. CLASSIFICATION _____ D. PLACEMENT OR ENPL ECR 5/16 E. _____		INITIAL OR SIGNATURE _____ DATE 2 May 56 REMARKS: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> USED IN LTR OF 1950 NOTED BY PERSONNEL </div>	
F. APPROVED BY _____ <div style="text-align: center; margin-top: 10px;"> SECRET </div>			

SECRET

per [Signature] 16 May '56

SECRET
Security Information

JBA

NAME, JR. D. HOWARD

Name:	Last,	First	Middle

TO: All C. I. A. Personnel

FROM: Personnel Director

SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

CODED
FOR
QUALIFICATIONS
DATE 4 JUN 1956

George E. Meloon
George E. Meloon
Personnel Director

SECRET
Security Information

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PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry) 512842	2. NAME: (last) (first) (middle) WILLIAMS, JR. E. HENRY		3. Office 7/1
4. Date of Birth Oct. 7, 1916	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)	Martial Status <input type="checkbox"/> Nr. Dependents 2	6. CIA Entry Date: Oct. 1, 1941
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth _____		

SEC. I. EDUCATION

1. Extent: (circle one)

- | | | |
|--|--|-------------------|
| 1. Less than high school | 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate | 5. Over two years, no degree | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | (6) Bachelor degree | |
| | 7. Post-graduate study (minimum 8 sem. hrs.) | |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
Brown University	Lib.		1935	1940			AB	1940	

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
US Naval Academy	1941	1941	4	V-7 USNA. Discharge course leading to Commission as ENS

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
Warrent, Air Corps School.	1944	1944	4	Air Combat Intelligence course lecturer prior to completion of course, but received diploma with credit class.

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SEC. II. WORK EXPERIENCE

1. CIA Experience: State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>1951</u> To <u>1953</u> Tot. mos. <u>17</u>	Description of Duties: <u>Chief of Mission, Mexico. Supervision and direction of all air force in Mexico; established and run on continuing operation with various agencies.</u>
Grade <u>GS 12</u> Salary <u>9,000</u>	
Office <u>Mexico, Mexico</u>	
Position	
Title: <u>Deputy Chief of Mission</u>	
Duty	
Title: <u>Deputy Chief of Mission</u>	
	Duty Station, if overseas: <u>Mexico</u>
From <u>1950</u> To <u>1951</u> Tot. mos. <u>3</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision and direction of all activities in Mexico; established and run on continuing operation with various agencies.</u>
Grade <u>GS 11</u> Salary <u>9,400</u>	
Office <u>Mexico, Mexico</u>	
Position	
Title: <u>Chief of Station</u>	
Duty	
Title: <u>Chief of Station</u>	
	Duty Station, if overseas: <u>Mexico</u>
From <u>1949</u> To <u>1950</u> Tot. mos. <u>12</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision and direction of all activities in Mexico; established and run on continuing operation with various agencies.</u>
Grade <u>GS 13</u> Salary <u>7,400</u>	
Office <u>NY Division</u>	
Position	
Title: <u>Plans Officer</u>	
Duty	
Title:	
	Duty Station, if overseas:
From <u> </u> To <u> </u> Tot. mos. <u> </u>	Description of Duties:
Grade <u> </u> Salary <u> </u>	
Office <u> </u>	
Position	
Title: <u> </u>	
Duty	
Title: <u> </u>	
	Duty Station, if overseas:

SECRET

Security Information

SEC. II. WORK EXPERIENCE (CONT'D.)

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From <u>1948 To 1949</u> Tot. mo's <u>9</u> Classification Grade(if in Federal Service) <u>FSS 5</u> Salary <u>6,900</u> Number and Class of Employees Supervised: <u>3 Prof. 6 Steno.</u> Employer <u>ECA</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position <u>Information Officer, ECA</u> Description of Duties: <u>Production of propaganda and films and radio programs in France and Austria</u> Duty Station if overseas:
From <u>1946 To 1949</u> Tot. mo's <u>27</u> Classification Grade(if in Federal Service) Salary <u>\$28,000 (av.)</u> Number and Class of Employees Supervised: Employer Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas: <u>Paris, France</u> Exact Title of your position <u>Professional Writer, self-employed</u> Description of Duties:
From <u>1943 To 1943</u> Tot. mo's <u>9</u> Classification Grade(if in Federal Service) Salary <u>\$7,800</u> Number and Class of Employees Supervised: Employer <u>T.E. Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Duty Station if overseas: Exact Title of your position <u>War Correspondent</u> Description of Duties: <u>accompany naval and air units in combat in SO Pacific Area. Write accounts and special stories of ensuing action</u> Duty Station if overseas: <u>South Pacific Area</u>
From <u>1942 To 1942</u> Tot. mo's <u>5</u> Classification Grade(if in Federal Service) Salary <u>\$7,800</u> Number and Class of Employees Supervised: <u>2 Prof.; 3 Steno.</u> Employer <u>T.E. Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Exact Title of your position <u>Screen writer</u> Description of Duties: <u>Prepare and write commentary for monthly newsletter THE MARCH OF TIME. Also prepare and write contract Naval Training Films.</u> Duty Station if overseas:
From <u>June To 1942</u> Tot. mo's <u>16</u> Classification Grade(if in Federal Service) <u>Eng.</u> Salary Number and Class of Employees Supervised: <u>168 seamen</u> Employer <u>USN</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas: Exact Title of your position <u>Anti-Aircraft Gunnery Officer (destroyers)</u> Description of Duties: <u>Provide for air protection of USS MAYO, and merchant ships under escort</u> Duty Station if overseas: <u>North Atlantic</u>

SECRET
Security Information

SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- | | |
|---|--|
| 01 <input type="checkbox"/> U.S. Secret Service | 24 <input type="checkbox"/> Air Force A-2 |
| 02 <input type="checkbox"/> Civil Police | 25 <input checked="" type="checkbox"/> Foreign Economic Admin. |
| 03 <input type="checkbox"/> Military Police | 26 <input type="checkbox"/> Counter Intelligence Corps |
| 04 <input type="checkbox"/> U.S. Border Patrol | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U.S. Narcotics Squad | 28 <input type="checkbox"/> Strategic Services Unit |
| 06 <input type="checkbox"/> FBI | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div. | 30 <input type="checkbox"/> Central Intelligence Group |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information | 32 <input type="checkbox"/> Coordinator of Information |
| 23 <input type="checkbox"/> Army G-2 | 33 <input type="checkbox"/> Office of Facts & Figures |
| 20 <input checked="" type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare |
| | 35 <input type="checkbox"/> Federal Communications Comm. |

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE						HOW ACQUIRED				
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic	Study (Inc. CIA training)
Spanish		X						X			X
French				X				X			
German					X			X			

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein _____

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. _____

SECRET
Security Information

SF

SECRET
Security Information

SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
Latin America	1946-7, 1950-53	X		X
France, Belgium	1947-50	X		X
UK and Scandinavia	1939		X	
China	1942	X		X

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained
France	Political	Study at Paris, 1940-50
Poland	Political	" " " " "
Italy	Political	" " " " "
Mexico	Political	Study at Mexico, 1950-51

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1. 100	2. 5	50	1. Yes 2. X No
Shorthand	1.	2.		1. Yes 2. No

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. sailing, skiing, water polo, croquet, etc. X fishing
---	---

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

SECRET
Security Information

SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

Under the name of the FBI Unit and Section, which I am a professional writer of fiction. From end of 1953 - will have a fiction. Short stories have been in our section and no further. At one time I was a correspondent in the, and my contributions appeared anonymously in the and the.

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

SEC. X. CIA TESTS

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour ____ (2) 4 year Tour X (3) Not interested ____

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

Assignment - Chief of Mission or as Officer at Large
Assignment - Staff work, or as Liaison

SECRET
Security Information

Security Information

SEC. XIV. MILITARY STATUS

1. Present Draft Status
Have you registered under the Selective Service Act of 1948? Yes x No.
If yes, indicate your present draft classification _____
2. Present Reserve or National Guard Status
Do you now have Reserve or National Guard Status Yes x No.
If yes, complete the following.
1. National Guard
 2. Air National Guard
 3. Active Reserve Status (member of organized unit)
 4. Inactive Reserve Status

[illegible]

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known _____

SEC. XV. CIA TRAINING

XV. CIA TRAINING
List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from) Dates (to)	Hours
Math.	Jan. 1950	10
Sci.	Jan. 1950	6
Physical Education	Jan. 1950	5
Art & Music	Jan. 1950	5

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

[illegible]

DATE 21 APR 1953

SIGNATURE

SECRET

Security Information

1. Agency and organizational designation						2. Payroll period		3. Block No. UV		4. Slip No.	
5. Employee's name (and social security account number when appropriate) HUNT, N. HOWARD						6. Grade and salary GS-15 \$11,880.					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks						11. Appropriation(s) FE-2			12. Prepared by wlp 11Jun56		
									13. Audited by		
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase											
14. Effective date 12Aug56	15. Date last equivalent increase 13Feb55	16. Old salary rate \$11,880.	17. New salary rate \$12,150.	SERVICE & CONDUCT ARE SATISFACTORY (Signature or other authentication)							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):				(Check applicable but in case of excess LWOP)							
Period(s)				to pay salary and of months paid.							
<input type="checkbox"/> No excess LWOP, Total excess LWOP				Initials of Clerk							
STANDARD FORM NO. 1126-Rev'd				PAYROLL CHANGE SLIP — PERSONNEL COPY							
Form prescribed by Comp. Gen. U. S.				ARR							
October 26, 1954, General Regulation No. 102											

SECRET

STANDARD FORM 52 PROPOSED BY THE U. S. CIVIL SERVICE COMMISSION BUREAU OF PERSONNEL BUREAU OF PERSONNEL BUREAU OF PERSONNEL		UNVOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname) E. HOWARD Mr. Howard B. HUNT		2. DATE OF BIRTH 9 Oct 1916	3. REQUEST NO.
4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		5. EFFECTIVE DATE A. PROPOSED: 	6. C S OR OTHER LEGAL AUTHOR- ITY
7. POSITION (Specify whether establish, change grade or title, etc.) 		B. APPROVED: 13 Jan 57	
FROM - Ops Officer (PP) GS-0136.31-15 \$12,150.00 p.a. DDP/FE North Asia Station PP Staff		8. POSITION TITLE AND NUMBER 	TO - Area Ops Off (CCS) GS-0136.01-15 \$12,150.00 p.a. DDP/WH Branch II
9. SERVICE, GRADE, AND SALARY 		10. ORGANIZATIONAL DESIGNATION 	11. HEADQUARTERS
12. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		13. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)	
A. REMARKS (Use reverse if necessary) 2 copies to Security			
B. REQUESTED BY 			
C. REQUEST APPROVED BY Signature: [Signature] Title: CS/CSF			
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X8212			
13. VETERAN PREFERENCE NONE WWII OTHER S-P-E 10 POINT DISAB OTHER <input checked="" type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL 	
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 7-375-55-121 TO: 7-3587-55-065	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes
19. DATE OF APPOINT- MENT AFFIDAVIT (ACCESSIONS ONLY) 		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. STANDARD FORM 50 REMARKS <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Concurred in by: [Signature] PP/Career Service </div>			
22. CLEARANCES A. B. CEIL. OR POS. CONTROL C. CLASSIFICATION D. PLACEMENT OR EMPL. E.	INITIAL OR SIGNATURE 	DATE 	REMARKS:
F. APPROVED BY [Signature] 1/10/57			

SECRET

11/5/49

SECRET
(When Filled In)

QCB WING 6
20000000

513542		PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT	THIS DATE January 6, 1957
INSTRUCTIONS			
This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through III in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.			
SECTION I GENERAL			
1. FULL NAME (Last-First-Middle) HUNT, Jr. E. Howard			
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)	
		30 Willett Street, Albany 10, New York	
4. HOME TELEPHONE NUMBER 3-6218		5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE New York	
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. Hunt, Mrs. Everette R.		2. RELATIONSHIP Mother	
3. HOME ADDRESS (No., Street, City, Zone, State, Country). 30 Willett Street Albany 10, New York			
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE			
5. HOME TELEPHONE NUMBER 3-6218		6. BUSINESS TELEPHONE NUMBER	
		7. BUSINESS TELEPHONE EXTENSION	
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. Notification of Father not desired, due to cardiac condition.			
SECTION III MARITAL STATUS			
1. CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED			
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.			
3. NAME (First) (Middle) (Surname) (Last) Dorothy Louise Wetzel HUNT			
4. DATE OF MARRIAGE Sept 7, 1949		5. PLACE OF MARRIAGE (City, State, Country) Millbrook, New York	
6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country) American Embassy, Paris			
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. DATE OF DEATH	
		9. CAUSE OF DEATH	
10. CURRENT ADDRESS (Give last address, if deceased) 30 Willett Street, Albany 10, New York			
11. DATE OF BIRTH 1 April 1920		12. PLACE OF BIRTH (City, State, Country) Dayton, Ohio	
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY		14. PLACE OF ENTRY	
15. CITIZENSHIP (Country) USA		16. DATE ACQUIRED	
		17. WHERE ACQUIRED (City, State, Country)	
18. OCCUPATION housewife		19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, list two employers)	
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)			
SECTION III CONTINUED TO PAGE 2			

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1			
21. DATES OF MILITARY SERVICE (From- and To-) BY MONTH AND YEAR			
USNR July 1940- Oct. 1942	USAAF Nov 1943- Feb. 1946		
22. BRANCH OF SERVICE		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED	
USNR USAF		USA	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN			
ECA, Paris April 1948 - Feb. 1949			
SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS			
1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
2	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES			
SECTION V FINANCIAL STATUS			
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME			
Book royalties			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION		ADDRESS (City, State, Country)	
Riggs Nat'l Bank, F&W Branch		Washington 7, DC	
SECTION V CONTINUED TO PAGE 3			

SECRET

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? ☐ YES ☒ NO
5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)
6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? ☐ YES ☒ NO
7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS
8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? ☐ YES ☒ NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

SECTION VI

CITIZENSHIP

1. PRESENT CITIZENSHIP (Country) USA
2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:
☒ BIRTH ☐ MARRIAGE ☐ OTHER (Specify):
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☒ NO
4. GIVE PARTICULARS
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

LESS THAN HIGH SCHOOL GRADUATE	OVER TWO YEARS OF COLLEGE - NO DEGREE
HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	GRADUATE STUDY LEADING TO HIGHER DEGREE
TWO YEARS COLLEGE OR LESS	MASTER'S DEGREE
	DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

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(When Filled In)

SECTION VIII FOREIGN LANGUAGE ABILITIES																			
LANGUAGE <small>(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)</small>	COMPETENCY - IN ORDER LISTED										NOW ACQUIRED								
	EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT OBVIOUSLY FOREIGN	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)										
										R - READ W - WRITE S - SPEAK									
										R	W	S	R	W	S	R	W	S	R
Spanish				X	X	X										X			
French				X					X							X			
German									X							X			
2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "NOW ACQUIRED". INDICATE LENGTH AND INTENSIVENESS OF STUDY																			
3 years of College Spanish																			
3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD																			

SECTION IX GEOGRAPHIC AREA KNOWLEDGE							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE". INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY				
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT	

SECTION X TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM					
		GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):		
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)							

SECTION XI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH	
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK	
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.	
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.	
5. FIRST LICENSE OR CERTIFICATE (Year of issue)	6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECRET

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(When Filled In)

SECTION XI CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF PUBLICATION. (Scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

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1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

(Use additional pages if required)

SECRET

SECRET

OFFICE OF PERSONNEL

SECTION XIII

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.	3	2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepchildren, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN UNDER 21 YEARS OF AGE WHO ARE AGE, SELF-SUPPORTING.	1
--	---	---	---

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Dorothy L. Hunt	wife	1920		X	USA	
Lisa T. Hunt	daughter	1951		X	"	
Kevan T. Hunt	"	1952		X	"	
Howard St. John Hunt	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED 6 Jan. 1957	SIGNATURE OF EMPLOYEE E. Howard Hunt
-------------------------------	---

SECRET

100

~~10-57830-6~~

SECRET
(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

FD-50

1. NAME (MR - MRS - ONE GIVEN NAME INITIALS AND SURNAME) MR. E. HOWARD HUNT 513842		2. DATE OF BIRTH 9 Oct 1913	3. JOURNAL OR ACTION NO.	4. DATE 25 Jan 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment 57		6. EFFECTIVE DATE 13 Jan 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403.1	
FROM Ops Officer (PP) BFF-1455 GS-0136.31-15 \$12,150.00 per annum DDP/FE North Asia Station PP Staff		8. POSITION TITLE Area Ops Off (COS) BAF-162 GS-0136.01-15 \$12,150.00 per annum	9. SERVICE, SERIES, GRADE, SALARY	
10. ORGANIZATIONAL DESIGNATIONS 465130		11. HEADQUARTERS 5		
12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> OTHER		
14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> SD/DP		15. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
16. APPROPRIATION FROM 7-3735-55-005 760-31 TO: 7-3587-55-065		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		
18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
20. REMARKS: 3 ECD 11/03/49 POSTED 25 JAN 1957 <i>[Signature]</i> ENTRANCE PERFORMANCE RATING: Director Of Personnel				
21. SIGNATURE OR OTHER AUTHENTICATION				

SECRET

1. EMPLOYEE COPY

9001/25/57

SECRET
(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

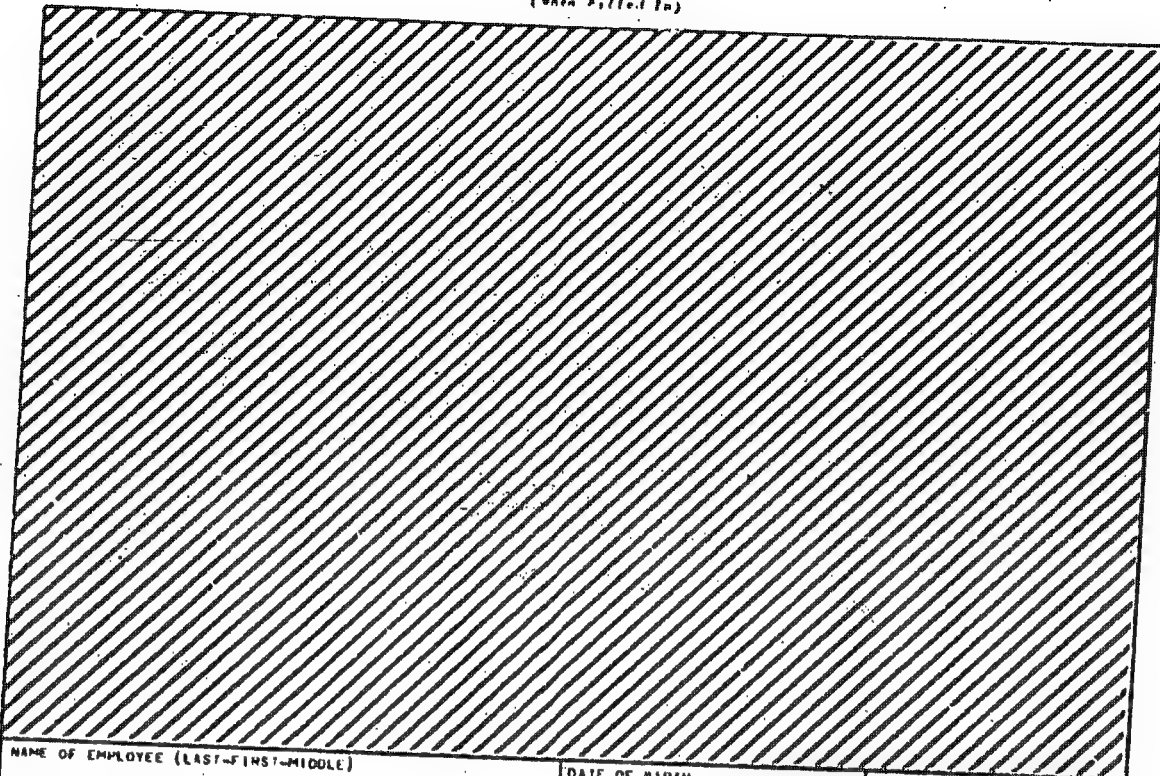
DDO

1. NAME (Last-First-Middle-ONE given name, initial(s) and surname) MR. HOWARD E. HUNT 513842		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 31 Jan 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use STANDARD TERMINOLOGY) FROM		6. EFFECTIVE DATE 25 Jan 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
8. POSITION TITLE Area Ops. Officer (COS) BAF-162		9. SERVICE, SERIES, GRADE, SALARY GS-0136, 01-15 \$12,150.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS 466130		11. HEADQUARTERS 5		
12. FIELD OR DEPT'L. <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> 15-POINT <input type="checkbox"/>		
14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. & R. <input type="checkbox"/> REAL <input type="checkbox"/> SD/DI		15. DATE OF APPOINTMENT OR PROMOTION 7-3587-55-065 760-31		
16. APPROPRIATION FROM BAF TO: BAF		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		
18. DATE OF APPOINTMENT OR PROMOTION 1 M W		19. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
20. REMARKS Sick and annual leave are to be held in escrow until subject reverts to GS status 3 EOD 11/08/49 POSTED 1957 SP Director of Personnel 21. SIGNATURE OR OTHER AUTHENTICATION <i>Bill Stewart</i>				

SECRET

1. EMPLOYEE COPY
2/1/31/57

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NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)

HUNT, Howard

DATE OF BIRTH

CASE OR CLAIM NUMBER

CAD 57-726-D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

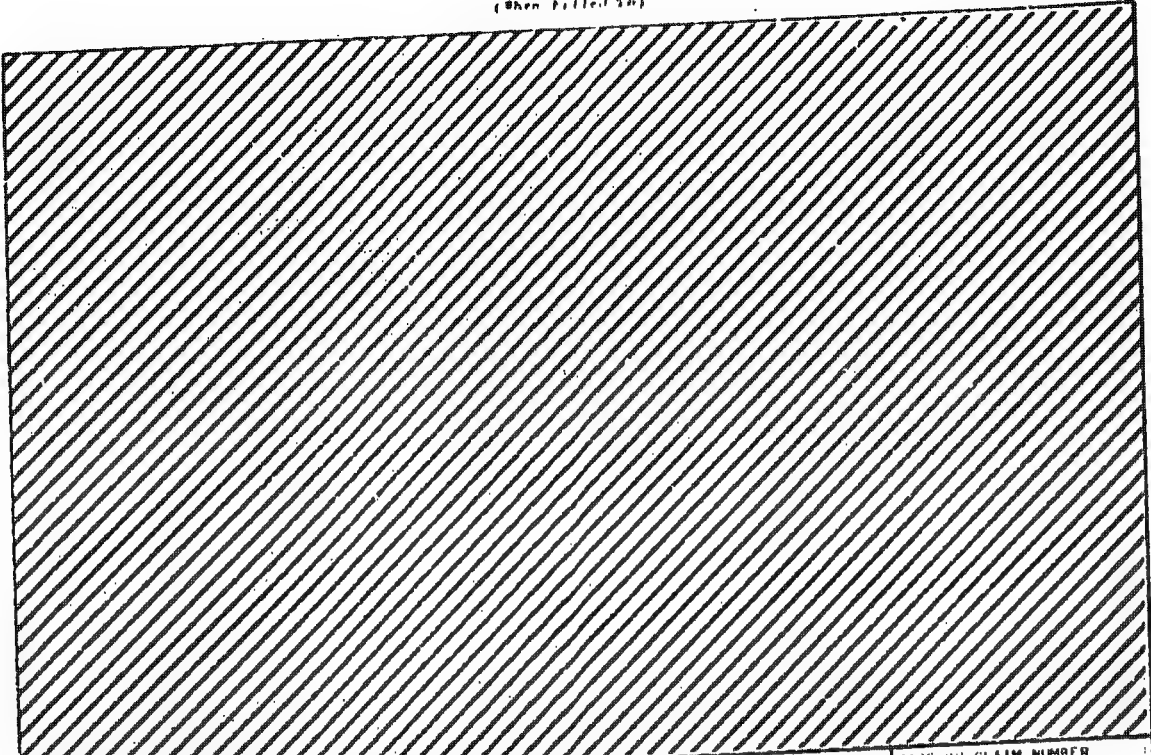
4 Jan 57

SIGNATURE OF BCD REPRESENTATIVE

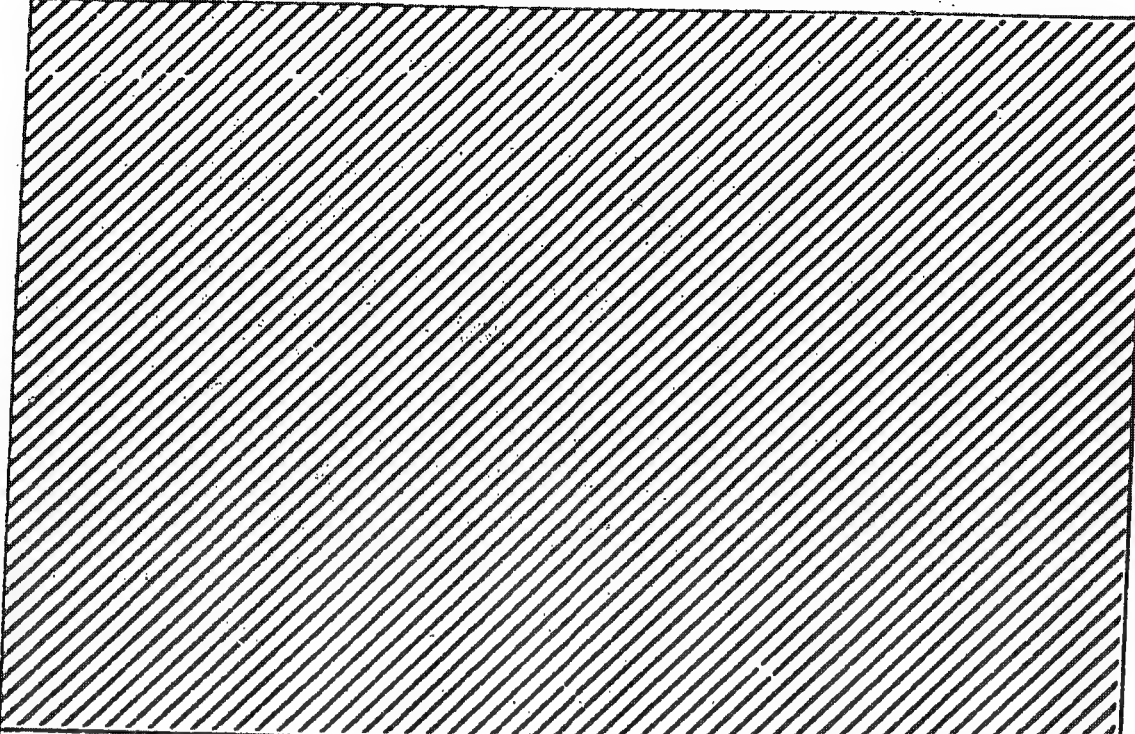
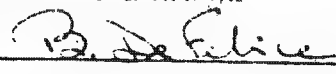
B. E. E. E.

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

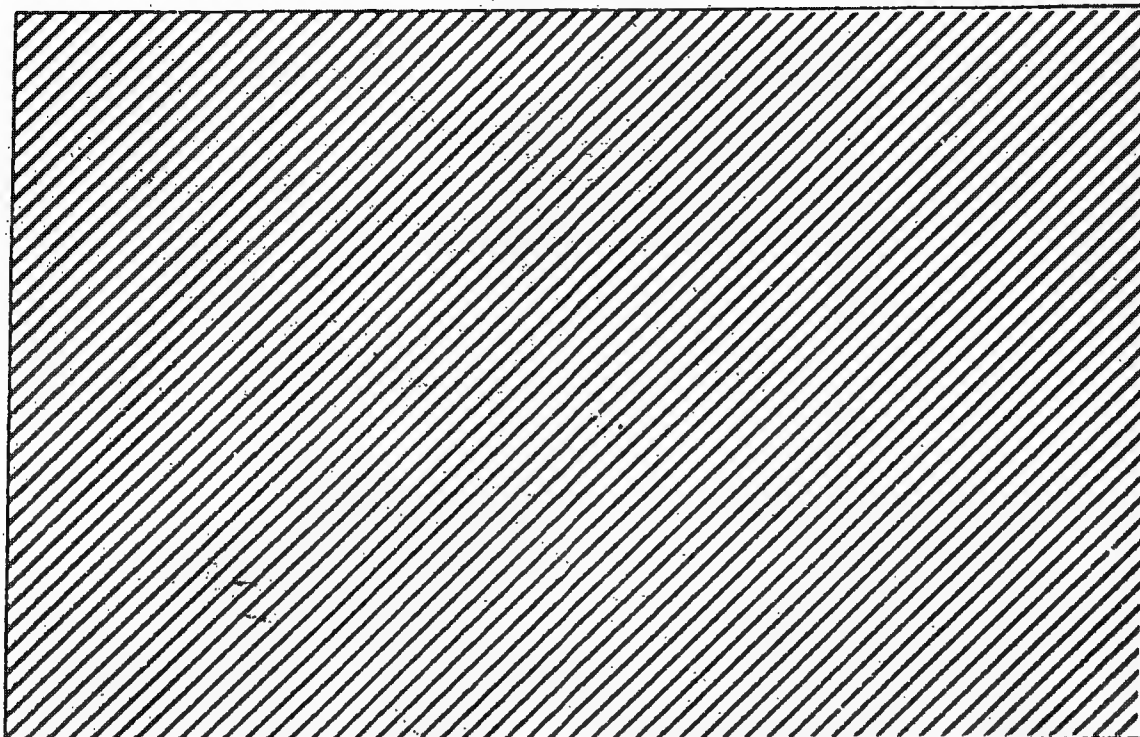
SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>0658-31D</i>
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>5-0</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE <i>4 Feb 58</i>	SIGNATURE OF RED REPRESENTATIVE <i>[Signature]</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard E.		CAS 58-167D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>dependent wife</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE	
21 MAR 58		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>CAB 58-68 D</i>
---	---------------	--

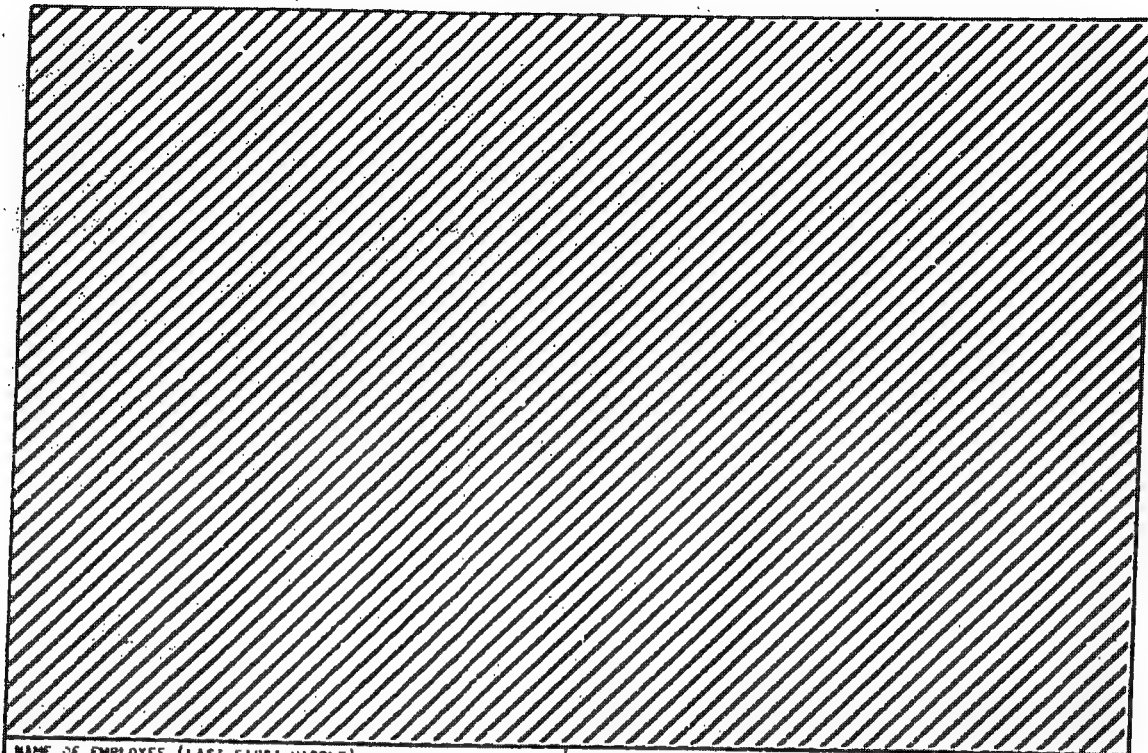
There is, on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on *dependent daughter*.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>14 May '58</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. De Felice</i>
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NOTICE C. OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>58-135 D</i>
---	---------------	---

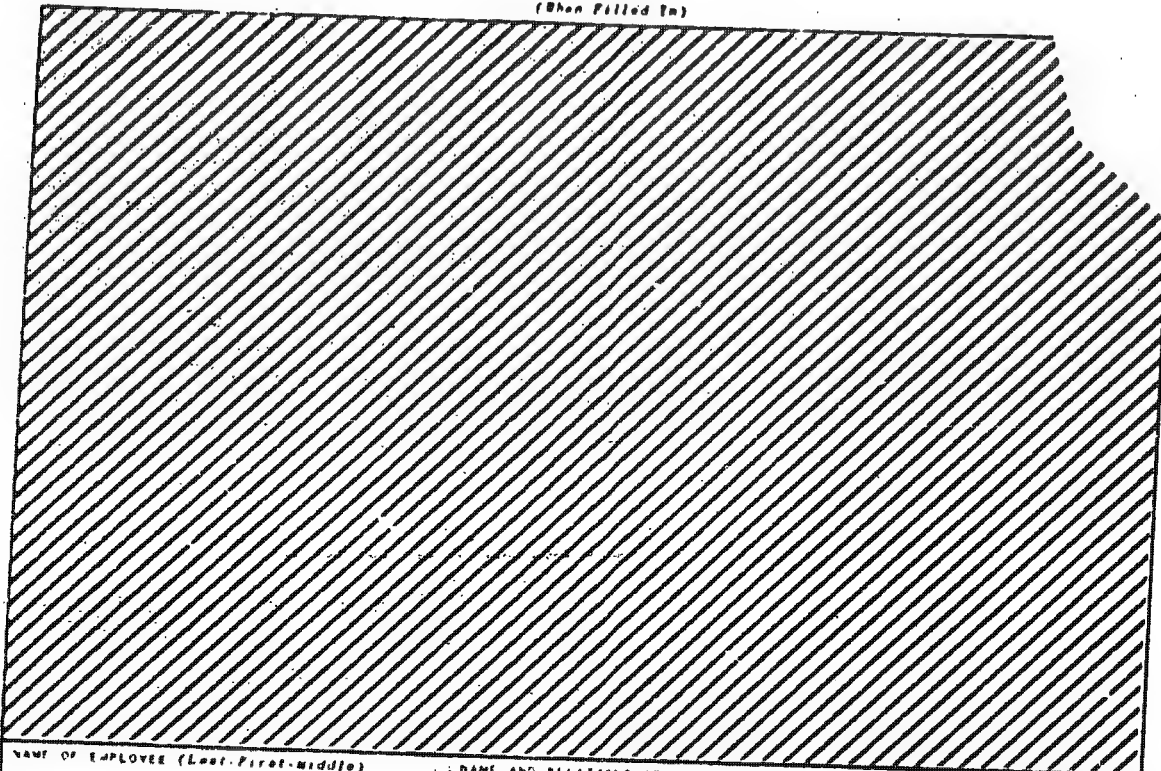
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on dependent daughter

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>21 May 1958</i>	SIGNATURE OF RCD REPRESENTATIVE <i>D. DeFuria</i>
--------------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

NAME AND RELATIONSHIP OF DEPENDENT*

CLAIM NUMBER

Robert Edward ...

...

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 10 November 1958

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

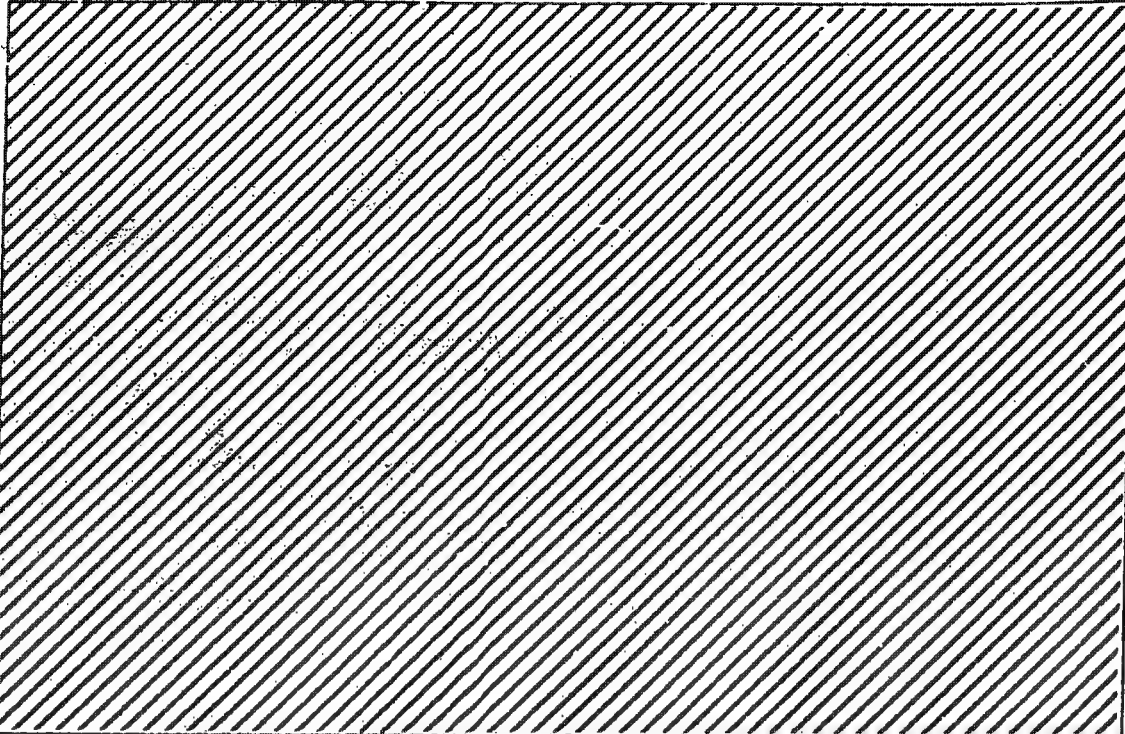

18 Nov 1958

SIGNATURE OF BCD REPRESENTATIVE

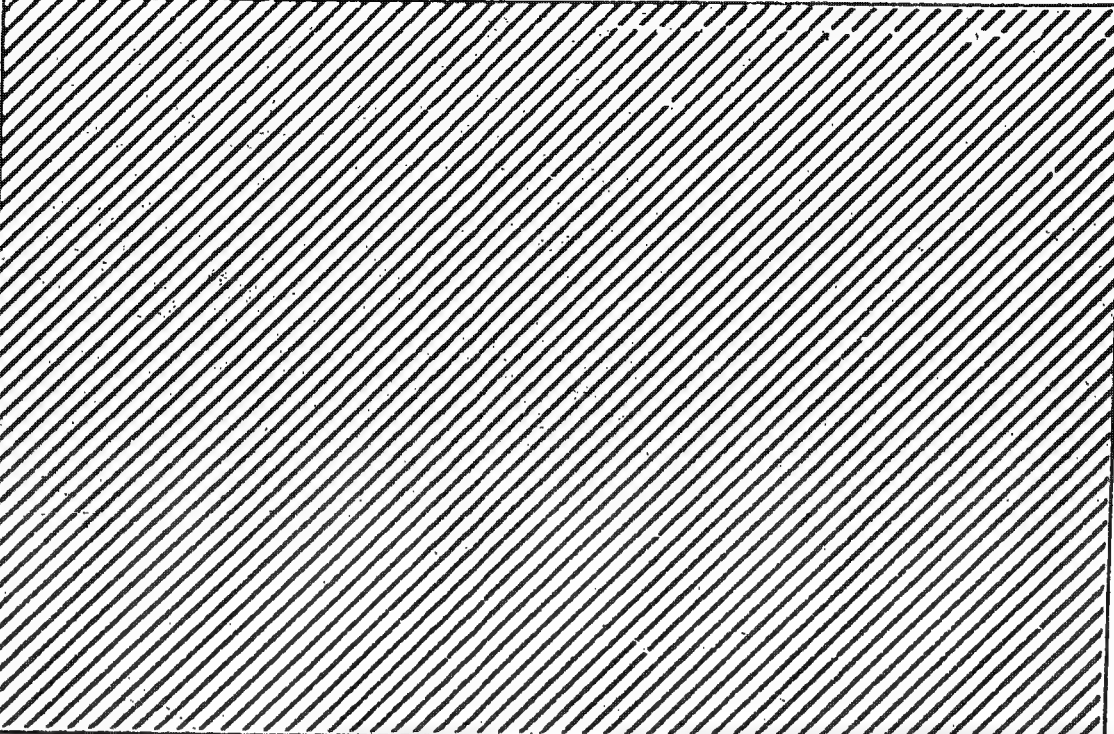
B. DeFolice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard	Unk	57-726D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>wife</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF HCO REPRESENTATIVE	
21 Aug 1958		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
HUNT, Howard	Dorothy	58-399 D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on _____.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE	
8 Dec. 1958		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p><small>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in <u>full</u> entirely. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the data requires more complete coverage than you have previously reported.</small></p>		
SECTION I GENERAL		
1. FULL NAME (Last-First-Middle)		
HUNT, E. Howard		
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)
4. HOME TELEPHONE NUMBER	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE	
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.		2. RELATIONSHIP
Hunt, Ethel J.		Mother
3. HOME ADDRESS (No., Street, City, Zone, State, Country)		
75 Willet Street Albany 10, NY		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE		
5. HOME TELEPHONE NUMBER	6. BUSINESS TELEPHONE NUMBER	7. BUSINESS TELEPHONE EXTENSION
Hobart 3-6218		
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.		
SECTION III MARITAL STATUS		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
<p><small>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.</small></p>		
2. NAME (First) (Middle) (Maiden) (Last)		
Dorothy Louise Watzel HUNT		
4. DATE OF MARRIAGE	5. PLACE OF MARRIAGE (City, State, Country)	
Sept. 7 1940	Millbrook, New York	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)		
Sarasota, Florida		
7. LIVING	8. DATE OF DEATH	9. CAUSE OF DEATH
X YES <input type="checkbox"/> NO		
10. CURRENT ADDRESS (Give last address, if deceased)		
11. DATE OF BIRTH	12. PLACE OF BIRTH (City, State, Country)	
April 1 1920	Dayton, Ohio	
13. IF BORN OUTSIDE U.S., DATE OF ENTRY	13. PLACE OF ENTRY	
15. CITIZENSHIP (Country)	16. DATE ACQUIRED	17. WHERE ACQUIRED (City, State, Country)
USA		
18. OCCUPATION	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)	
none		
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)		

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III. CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (Start and End) BY MONTH AND YEAR	
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

SECTION IV. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
2	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V. FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?		YES	<input checked="" type="checkbox"/> NO
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.			
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.			
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.			

publishing royalties

SECTION V CONTINUE TO PAGE 3

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SECRET

SECTION V CONTINUED FROM PAGE 2							
BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS							
NAME OF INSTITUTION			ADDRESS (Street, Under, Country)				
Riggs Nat'l Bank			Wisconsin at P St., NW, Washington DC				
7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)							
SECTION VI CITIZENSHIP							
1. COUNTRY OF CURRENT CITIZENSHIP USA			2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify)				
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			4. GIVE PARTICULARS				
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (Serial papers, etc.)							
SECTION VII EDUCATION							
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE			OVER TWO YEARS OF COLLEGE - NO DEGREE				
HIGH SCHOOL GRADUATE			<input checked="" type="checkbox"/> BACHELOR'S DEGREE				
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE			GRADUATE STUDY LEADING TO HIGHER DEGREE				
TWO YEARS COLLEGE OR MORE			MASTER'S DEGREE				
			DOCTORATE DEGREE				
2. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QUA HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Brown University, Providence RI	Lit		1936	1940	AB	JUN 1940	
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS			
		FROM	TO				
4. MILITARY TRAINING (Full time duty in specialized schools such as cadetance, Intelligence, Communications, etc.)							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS			
		FROM	TO				
US MA, Annapolis	Reserve train.	Feb 1941	May 1941	12			
AAFTAC, Orlando, Fla.	Intelligence	June 1943	Dec 1943	28			
5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE							

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(When Filled In)

SECTION VIII							GEOGRAPHIC AREA KNOWLEDGE			
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.										
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY							
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT				
France	political	1939, 1948-49			X	X				
Spain	political, coasts	May 1960		X						
Mexico	political, terrain	Dec-June 1946	X							

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

France 1939 - study at the Sorbonne

" 1948-49 - aml. asst to Amb. Harriman at ECA (speechwriter)

Mexico 1946 - Residence at Acapulco as Guggenheim Fellow for that year

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			HQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING	
Mexico	Pol, terrain	1950-53		XX		
	Political	1954-56		XX		
	Political terrain	1957-60		XX		
Balkans	Political	1953-54	XX			
Greece	Political	1952-54	XX			

SECTION IX TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.M.) 2. SHORTHAND (W.P.M.) 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

40 GREGG SPEEDWRITING STENOTYPE OTHER (Specify):

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)

SECTION X SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

Squash - good hunting, shooting - good tennis - v. good

equitation - good fishing - fair

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

3. EXCLUDING EQUIPMENT NOTED IN SECTION A, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

5. FIRST LICENSE OR CERTIFICATE (Year of issue) 6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECRET

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(When Filled In)

SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific, articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Oct 118 - Dec 50	GS-13	OPC/PP/M
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6	Operations Officer	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Feb 1957 - March 1960	15	WH-2
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
16		
6. DESCRIPTION OF DUTIES		
10		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 1960 -	15	WH-4
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Political Action Officer	
6. DESCRIPTION OF DUTIES		
Field Chief in Mexico City of JMARCC		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

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CHILDREN AND OTHER DEPENDENTS

3	3
---	---

33.	
▷	1

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Dorothy I.	wife	1920		X	USA	
Lisa Tiffany	daughter	1951		X	USA	
Kevin Tettersdale	"	1953		X	"	
Howard St. John	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED
15 June 1960

SIGNATURE OF EMPLOYEE *Harold Hunt*

~~SECRET~~

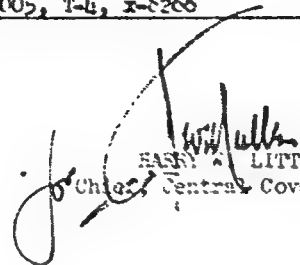
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5 July 1960

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : E. Howard HUNT

1. Cover arrangements are in process, and/or have been completed for the above-named Subject.
2. Effective immediately, it is requested that your records be properly blocked ~~referred to deny acknowledgment~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1960
Richard J. Blisdeau, 2-1005, T-4, x-8266.


E. A. LITTLE, JR.
Chief, Central Cover Division

cc: SSD/OS

SECRET

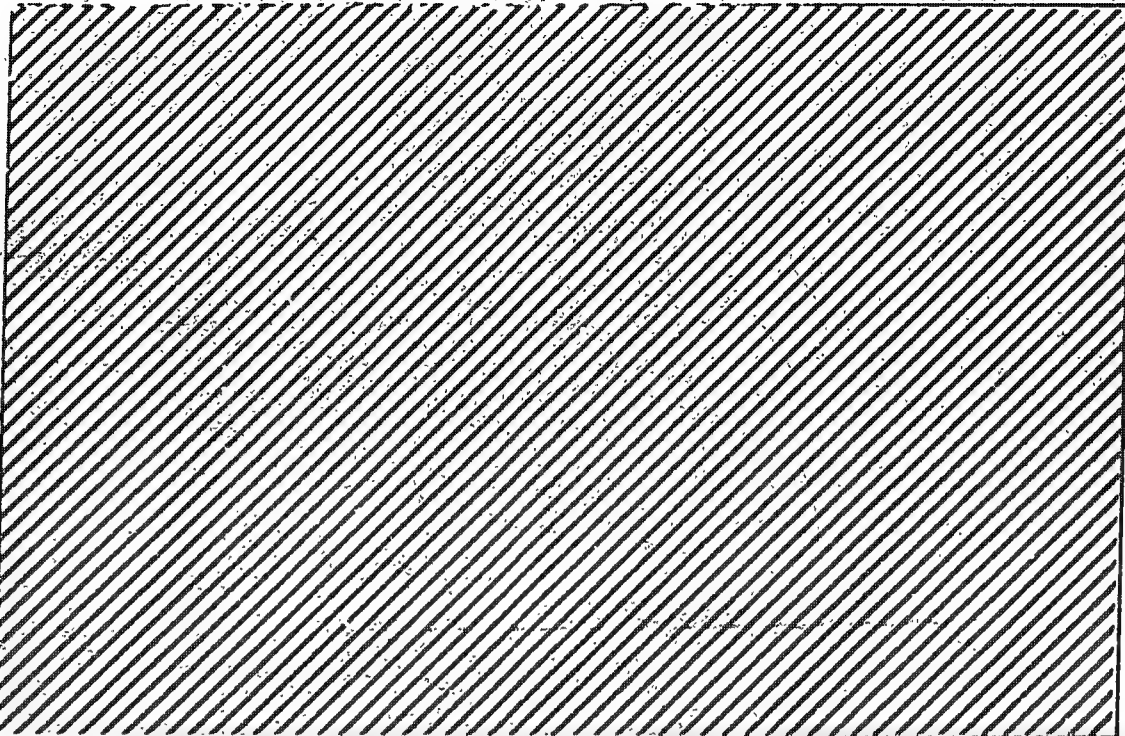
THIS MEMO MUST REMAIN
ON TOP OF FILE

(4-13-40)

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(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

W. S. Howard, E.

NAME AND RELATIONSHIP OF DEPENDENT*

Daughter - Lisa

CLAIM NUMBER

CC-1192

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on December 51.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

25 July 1960

SIGNATURE OF BSD REPRESENTATIVE

[Signature]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				13 October 1960	
1. SERIAL NUMBER 013842		2. NAME (Last-First-Middle) HUNT, E. Howard			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT (TEMPORARY)*			4. EFFECTIVE DATE (Month/Day/Year) 10/15/60		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V <input type="checkbox"/>	V TO CF <input type="checkbox"/>	7. COST CENTER NO. CHARGEABLE 1535-5000-0021	8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Division Branch 4			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE ADMINISTRATIVE OPERATIONS OFFICER			12. POSITION NUMBER XXXXX	12A. PER CONTROL NO.	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, AF, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 (5)	17. SALARY OR RATE \$15,030	
18. REMARKS <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> DDP/WH/2, [] BAF-162 Tracy TA *UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS. </div> <div style="text-align: right; margin-top: 20px;"> 0051 08-16-53 PSI: 02-05-61 <i>[Signature]</i> </div>					
19. SIGNATURE OF REQUESTER <i>[Signature]</i>			19A. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION TO BE TAKEN REASSIGN		21. OFFICE USE ONLY		22. DATE OF ACTION 10/19/60	
23. DATE OF ACTION 10/19/60		24. DATE OF ACTION 10/19/60		25. DATE OF ACTION 10/19/60	
26. DATE OF ACTION 10/19/60		27. DATE OF ACTION 10/19/60		28. DATE OF ACTION 10/19/60	
29. DATE OF ACTION 10/19/60		30. DATE OF ACTION 10/19/60		31. DATE OF ACTION 10/19/60	
32. DATE OF ACTION 10/19/60		33. DATE OF ACTION 10/19/60		34. DATE OF ACTION 10/19/60	
35. DATE OF ACTION 10/19/60		36. DATE OF ACTION 10/19/60		37. DATE OF ACTION 10/19/60	
38. DATE OF ACTION 10/19/60		39. DATE OF ACTION 10/19/60		40. DATE OF ACTION 10/19/60	
41. DATE OF ACTION 10/19/60		42. DATE OF ACTION 10/19/60		43. DATE OF ACTION 10/19/60	
44. DATE OF ACTION 10/19/60		45. DATE OF ACTION 10/19/60		46. DATE OF ACTION 10/19/60	
47. DATE OF ACTION 10/19/60		48. DATE OF ACTION 10/19/60		49. DATE OF ACTION 10/19/60	
50. DATE OF ACTION 10/19/60		51. DATE OF ACTION 10/19/60		52. DATE OF ACTION 10/19/60	
53. DATE OF ACTION 10/19/60		54. DATE OF ACTION 10/19/60		55. DATE OF ACTION 10/19/60	
56. DATE OF ACTION 10/19/60		57. DATE OF ACTION 10/19/60		58. DATE OF ACTION 10/19/60	
59. DATE OF ACTION 10/19/60		60. DATE OF ACTION 10/19/60		61. DATE OF ACTION 10/19/60	
62. DATE OF ACTION 10/19/60		63. DATE OF ACTION 10/19/60		64. DATE OF ACTION 10/19/60	
65. DATE OF ACTION 10/19/60		66. DATE OF ACTION 10/19/60		67. DATE OF ACTION 10/19/60	
68. DATE OF ACTION 10/19/60		69. DATE OF ACTION 10/19/60		70. DATE OF ACTION 10/19/60	
71. DATE OF ACTION 10/19/60		72. DATE OF ACTION 10/19/60		73. DATE OF ACTION 10/19/60	
74. DATE OF ACTION 10/19/60		75. DATE OF ACTION 10/19/60		76. DATE OF ACTION 10/19/60	
77. DATE OF ACTION 10/19/60		78. DATE OF ACTION 10/19/60		79. DATE OF ACTION 10/19/60	
80. DATE OF ACTION 10/19/60		81. DATE OF ACTION 10/19/60		82. DATE OF ACTION 10/19/60	
83. DATE OF ACTION 10/19/60		84. DATE OF ACTION 10/19/60		85. DATE OF ACTION 10/19/60	
86. DATE OF ACTION 10/19/60		87. DATE OF ACTION 10/19/60		88. DATE OF ACTION 10/19/60	
89. DATE OF ACTION 10/19/60		90. DATE OF ACTION 10/19/60		91. DATE OF ACTION 10/19/60	
92. DATE OF ACTION 10/19/60		93. DATE OF ACTION 10/19/60		94. DATE OF ACTION 10/19/60	
95. DATE OF ACTION 10/19/60		96. DATE OF ACTION 10/19/60		97. DATE OF ACTION 10/19/60	
98. DATE OF ACTION 10/19/60		99. DATE OF ACTION 10/19/60		100. DATE OF ACTION 10/19/60	
99. POSITION CONTROL CERTIFICATION W. Kearney 11/2/60			100. O.P. APPROVAL <i>[Signature]</i>		

ALS:25 NOV 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT (TEMPORARY)*						11 25 60		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		1535 5000 0021		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP WH DIVISION BRANCH A						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						0000		D			
14. CLASSIFICATION SCHEDULE (GS, WB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
GS			0136.01			15 5		15030			
18. REMARKS											
*UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE -HEAD OF YOUR CAREER SERVICE DIRECTS.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MONTHS	
37		10		64450 WH		75013				1 10 09 18	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF GRADE		29. DATE OF LEI		30. DATE OF GRADE	
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427. DATE OF GRADE		428. DATE OF LEI		429. DATE OF GRADE		430. DATE OF LEI		431. DATE OF GRADE		432. DATE OF LEI	
433. DATE OF GRADE		434. DATE OF LEI		435. DATE OF GRADE		436. DATE OF LEI		437. DATE OF GRADE		438. DATE OF LEI	
439. DATE OF GRADE		440. DATE OF LEI		441. DATE OF GRADE							

SECRET
(When Filled In)

1. EMP. SERIAL NO. 513842		2. NAME HUNT E HOWARD			3. ASSIGNED ORGN DDP/WH UNASS.		4. FUNDS UV		5. ALLOTMENT		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 15	5	\$15,030	08	09	59	GS 15	8	\$15,290	02	05	'61
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS THIS CANCELS PSI EFFECTIVE 02/05/61. ADMINISTRATIVE ERROR.					
14. AUTHENTICATION <div align="center">POSTED TO 2806 DEPARTMENT OF DEFENSE OFFICIAL PERSONNEL FOLDER PAY CHANGE NOTIFICATION</div>											

FORM 560 2-59

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

SECRET
(When Filled In)

1. Serial No. 513842		2. Name HUNT E HOWARD			3. Cost Center Number DDP/WH UV UV			4. LWOP Hours			
5. OLD SALARY RATE					6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date		Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 15	5	\$15,030	08/09/59		15	8	\$15,290	02/05/61			
8. Remarks and Authentication <div align="center">NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD IN LWOP STATUS AT END OF WAITING PERIOD DEPARTMENT OF DEFENSE PAY CHANGE NOTIFICATION</div>											

Form 560

Obsolete Previous Edition

SECRET

(4-5)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
0	HUNT E HOWARD	513842	46 51	GS-15 5	\$13,970	\$15,030

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 01000 ✓		2. NAME (Last-First-Middle) E. HOWARD								3. DATE PREPARED 15 November 1961	
3. NATURE OF PERSONNEL ACTION Promotion					4. EFFECTIVE DATE REQUIRED MONTH DAY YEAR 11 28 61		5. CATEGORY OF EMPLOYMENT S-1000				
6. FUNDS ▶		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 2101-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/CA Staff Plans and Research Group Evaluation Branch					10. LOCATION OF OFFICIAL STATION Washington, D.C.						
11. POSITION TITLE S-1000 - CH					12. POSITION NUMBER 0074		13. CAREER SERVICE DESIGNATION 2				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 013000		16. GRADE AND STEP 5		17. SALARY OR RATE 15030 ✓				
18. REMARKS FROM: DDP/WH/Br 4/Temporary 1cc - Payroll 1cc - Security Called Security 10/27/61 B											
18a. SIGNATURE OF REQUESTING OFFICIAL Rosenblatt				DATE SIGNED 16 Nov 1961		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER H. Lipp				DATE SIGNED 11 Nov 61	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION 57		20. EMPLOY 10		21. OFFICE CODE NO. 44200		22. SPECIAL REFERENCE CA		23. DATE OF ACTION 1		24. DATE OF DEPARTURE 10/29/61	
25. N.Y. EXP. REC. NO. DA. RA.		26. SPECIAL REFERENCE 1 - USC 2 - FICA 3 - OTHER		27. RET. ELEMENT DATA DATE CODE		28. CORRECTIVE/CANCELLATION DATA DATE CODE		29. SIGNATURE FOD DATA		30. SIGNATURE FOD DATA	
31. ALT. PREFERENCE 1 - NONE 2 - 12 MT.		32. SER. COMP. DATE NO. DA. RA.		33. SER. COMP. DATE NO. DA. RA.		34. M. O. T. M. T. F. I. L. E. D. DATE CODE		35. REG. / REG. M. REG. DATE DATE CODE		36. REG. / REG. M. REG. DATE DATE CODE	
37. PREVIOUS DEPARTMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MO.) 4 - BREAK IN SERVICE (MORE THAN 12 MO.)				38. PREVIOUS DEPT. DATA CODE 1 - YES 2 - NO		39. PREVIOUS DEPT. DATA CODE 1 - YES 2 - NO		40. PREVIOUS DEPT. DATA CODE 1 - YES 2 - NO		41. PREVIOUS DEPT. DATA CODE 1 - YES 2 - NO	
42. POSITION CONTROL CERTIFICATION WH 11-28-61						43. O.P. APPROVAL H. Lipp			44. DATE APPROVED 17 Nov 61		

FORM 1152 USE PREVIOUS EDITION.

SECRET

PSC: 29 DEC 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)									
013842		HUNT E HOWARD									
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RE ASSIGNMENT						11 26 61		REGULAR			
6 FUNDS		V TO V		V TO CF		7. COST CENTER NO (CHARGEABLE)		8 CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO CF		2121 1000 1000		50 USC 403 J			
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION					
DDP CA STAFF PLANS AND RESEARCH GROUP EVALUATION BRANCH						WASH., D.C.					
11. POSITION TITLE						12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION			
OPS OFFICER CH.						0274		D			
14 CLASSIFICATION SCHEDULE (GS, LO, etc.)				15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		15 5		15030			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
37		10		NUMERICAL ALPHABETIC 44200 CA		75013				25. DATE OF BIRTH	
										10 09 18	
26. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO	
MO DA YR				1. CSC 2. FICA 3. NONE				TYPE MO DA YR		34. SER	
										EOD DATA	
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG. COMP. DATE		38. MIL SERV CREDIT/LED		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		1. YES 2. NO		CODE CODE R. WRITER 1. YES		HEALTH INS CODE	
0. NONE 1. 5 PT. 2. 10 PT.											
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TAX EXEMP STATE CODE			
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)						1. YES 2. NO		1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>msl 01-04-62</i> </div>											

SECRET

(Non-Filled In)

PSC: 25 JAN 62

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)	
013942		HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE
REASSIGNMENT			01 25 62
5. CATEGORY OF EMPLOYMENT			REGULAR
6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE
CF TO V	X	CF TO CF	2121 1000 1000
8. CSC OR OTHER LEGAL AUTHORITY			50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION
DDP, CA STAFF OFFICE OF THE CHIEF			WASH., D.C.
11. POSITION TITLE			12. POSITION NUMBER
OPS OFFICER			0454
13. CAREER SERVICE DESIGNATION			D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP
GS		0136.01	15 5
17. SALARY OR RATE		15030	
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
37	10	NUMERIC ALPHABETIC 41100 CA	75013
23. INTEGRATED CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
1	1	10 09 18	
27. DATE OF LEI	28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
		20	
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO	34. SER
		EOD DATA	
35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG COMP. DATE	38. MIL SERV CREDIT/LED
39. REG. HEALTH INSURANCE	40. SOCIAL SECURITY NO	41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE LAT
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. SIGNATURE OR OTHER AUTHENTICATION	

POSTED

H. E. HOWARD

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		29 May 1962	
013842		Hunt, E. Howard			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
Reassignment			MONTH DAY YEAR 07 01 62		Regular
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
V TO V		3129-1000-1000			
CF TO V		X		CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP/DCDS Facilities branch Research and Publications Section			Washington, D.C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
Ops. Officer-3Ch8			0092		D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		17. SALARY GR RATE	
GS		0316.01		15,030.00	
16. GRADE AND STEP 15 5					
18. REMARKS					
PRA Requested per R - 20-10, para 10C(2) for a period of 90 days.					
DDP/CA Staff Office of the Chief/454 - /					
CONCUR: CSID (By Phone)					
19A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER
Virginia C. Lynch, DODS/Pers.					4/62
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION NO. EMP. NO.		20. OFFICE CODE NO.		21. DATE OF BIRTH	
4001		1		10/9/18	
22. DATE EMP. RES.		23. SPECIAL REFERENCE		24. DATE OF BIRTH	
NO		80		NO	
25. VET. PREFERENCE		26. SER. COMP. DATE		27. LONG COMP. DATE	
NO		NO		NO	
28. PHYSICAL EXAMINATION SERVICE DATA		29. FEDERAL TAX DATA		30. STATE TAX DATA	
CODE		CODE		CODE	
1 = NO PREVIOUS SERVICE		1 = YES		1 = YES	
2 = NO SER. IN SERVICE		2 = NO		2 = NO	
3 = SER. IN SERVICE (LESS THAN 12 MO.)					
4 = SER. IN SERVICE (MORE THAN 12 MO.)					
48. POSITION CONTROL CERTIFICATION			49. O.P. APPROVAL		DATE APPROVED
[Signature]			[Signature]		6/62

BWS: 21 JUNE '62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						07 01 62		REGULAR			
6. FUNDS		7. V TO V		8. V TO CF		9. LOSS CENTER NO (NARGEABLE)		10. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3129 1000 1000		50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION					
DDP DODS FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.					
13. POSITION TITLE						14. POSITION NUMBER		15. CAREER SERVICE DESIGNATION			
OPS OFFICER CH						0092		D			
16. CLASSIFICATION SCHEDULE (GS, LO, etc.)				17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE			
GS				0136.01		15 5		15030			
20. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODING		24. STATION CODE	25. INTEGRITY CODE	26. HONORARY CODE	27. DATE OF BIRTH	28. DATE OF GRADE	29. DATE OF 1ST		
37	10	NUMERIC	ALPHABETIC				MO DA YR	MO DA YR	MO DA YR		
		53400	DODS	75013			10 09 18				
30. NTE EXPIRES		31. SPECIAL REFERENCE		32. RETIREMENT DATA		33. SEPARATION DATA CODE		34. CORRECTION/CANCELLATION DATA		35. SECURITY REQ NO.	
NO DA YR		1 LSC 2 FICA 3 NONE		CODE		DATA CODE		TYPE MO DA YR		36. SEX	
		80						EOD DATA			
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP. DATE		40. MIL SERV CREDIT/LCO		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE 0 NONE 1 5 PT 2 10 PT		MO DA YR		MO DA YR		1 YES 2 NO		CODE CODE 0 WAIVER 1 YES		HEALTH INS CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT		45. FEDERAL TAX DATA		46. STATE TAX DATA			
CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3 BREAK IN SERVICE (MORE THAN 12 MOS)				CODE		EXEMPTED CODE NO TAX DEDUCTIONS		FORM EXECUTED 1 YES CODE NO TAX STATE CODE EXEMP			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED JUN 29 1962 </div>											

ABM: 17 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						09 16 62		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3129 2000 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP DODS US FIELD FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS. OFFICER CH						0092		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		15 5		15030			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MAGNITUDE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	53400 DODS		75013		2	10 09 18				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEN
		80						EOD DATA			
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="display: flex; justify-content: space-between;"> <div> <p>Bob 9/19/62</p> </div> <div> <p>599-1762</p> </div> </div>											

FORM 4-62

1150

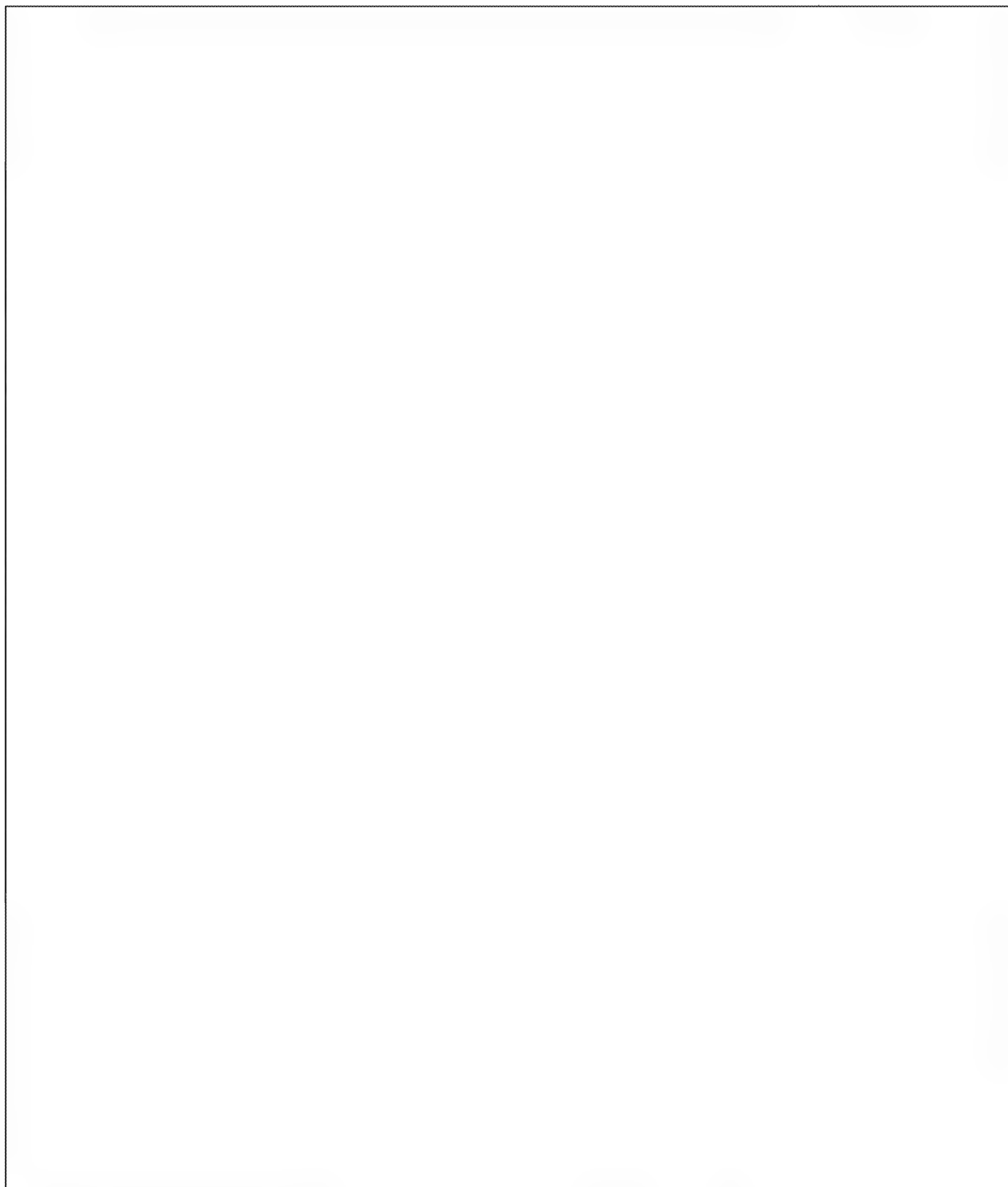
Use Previous Edition

SECRET

 GROUP 1
 Excluded from automatic
 downgrading and
 declassification

(4-51)

(When Filled In)



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1960, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1961.

NAME	SERIAL	UNGN FUNDS	GR-ST	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	43 400	CF	GS-15 6 \$16,965	\$18,240

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
013842		HUNT, E. HOWARD		53 400 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date
GS-15	5	\$16,485	08/09/59	GS-15	6	\$16,965	12/09/62
7. TYPE ACTION							
PSI LSI ADJ.							
8. Remarks and Authentication							
<p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>R H Garrison</i> DATE: <i>7 December 1962</i></p> <p>PAY CHANGE NOTIFICATION <i>MC</i></p>							

Form 560

Obsolete Previous Edition


(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-794 AND DCI MEMORANDUM DATED 1 AUGUST 1961, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 15 OCTOBER 1962

NAME	SERIAL	UNGN FUNDS	GR-ST	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	53400	CF	GS-15 5 \$15,030	GS-15 5 \$16,485

SECRET

(10 Apr 64 Ed 1a)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)								9 July 1964	
013842		HUNT, E. Howard									
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE REQUESTED			5 CATEGORY OF EMPLOYMENT			
Reassignment					MONTH DAY YEAR 08 1 64			Regular			
6 FUNDS		7 COST CENTER NO. CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)							
V TO V		Y TO Y		5129-0253							
C TO V		X C TO C									
9 ORGANIZATIONAL DESIGNATIONS					10 LOCATION OF OFFICIAL STATION						
DDP/DOD U.S. Field C A Staff					Washington, D.C.						
11 POSITION TITLE					12 POSITION NUMBER			13 CAREER SERVICE DESIGNATION			
Ops Officer - CH					(15) 0280			D			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE				
GS-15			0126.01		15 06		,18,240				
18 REMARKS											
<div style="text-align: right;">  </div>											
19 SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19 SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
Virginia C. Lynch				9 July 64		Ronald Gage				7/21/64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEGRITY CODE		24 MOOTHS CODE	
37 10		12200		6012		7012		2		10 109 118	
25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI		28 DATE OF BIRTH		29 DATE OF GRADE		30 DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
10 109 118											
31 NTE EXPIRES		32 SPECIAL REFERENCE		33 RETIREMENT DATA		34 SEPARATION DATA CODE		35 CORRECTION CANCELLATION DATA		36 SECURITY REQ NO	
MO DA YR		1-ESC 2-FILA 3-NONE		CODE		TYPE		MO DA YR		37 SEC	
4 X 4 X 4								EOD DATA			
38 YET PREFERENCE		39 SERV COMP DATE		40 LONG COMP DATE		41 CAREER CATEGORY		42 FIGHT HEALTH INSURANCE		43 SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
1-5 PT 2-10 PT						LBS RES PROV TEMP		1-YES 2-NO			
44 PREVIOUS GOVERNMENT SERVICE DATA				45 LEAST CAT CODE		46 FEDERAL TAX DATA		47 STATE TAX DATA		48	
CODE				CODE		CODE		CODE		CODE	
0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				1-YES 2-NO		1-YES 2-NO		1-YES 2-NO		1-YES 2-NO	
49 POSITION CONTROL CERTIFICATION						50 APPROVAL			DATE APPROVED		
30 20						Ronald Gage			7/21/64		

RZR: 31 JUL 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				08 03 64		REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		5129 0253 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/DOD US FIELD CA STAFF						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER CH						0280		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			15 6			18240		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
37		10		43200 DOD		75013				2	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEE		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEE	
10 03 18						10 03 18					
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION-CANCELLATION DATA		36. SECURITY REQ NO.	
XX XX XX				1. CSC 2. FIC 3. NONE				EOD DATA			
37. VET. PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO.	
CODE		0 NONE 1 5 YR. 2 10 YR.		MO DA YR		MO DA YR		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA		44. LEAVE CAT CODE		45. FEDERAL TAX DATA		46. STATE TAX DATA		47. FORM EXECUTED		48. STATE CODE	
CODE		0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YR.) 3 - BREAK IN SERVICE (MORE THAN 1 YR.)		FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 12 JUL 64 </div>											

FORM 11-62 1150

Use Previous Edition

SECRET

31 JUL 64

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled)

SECRET

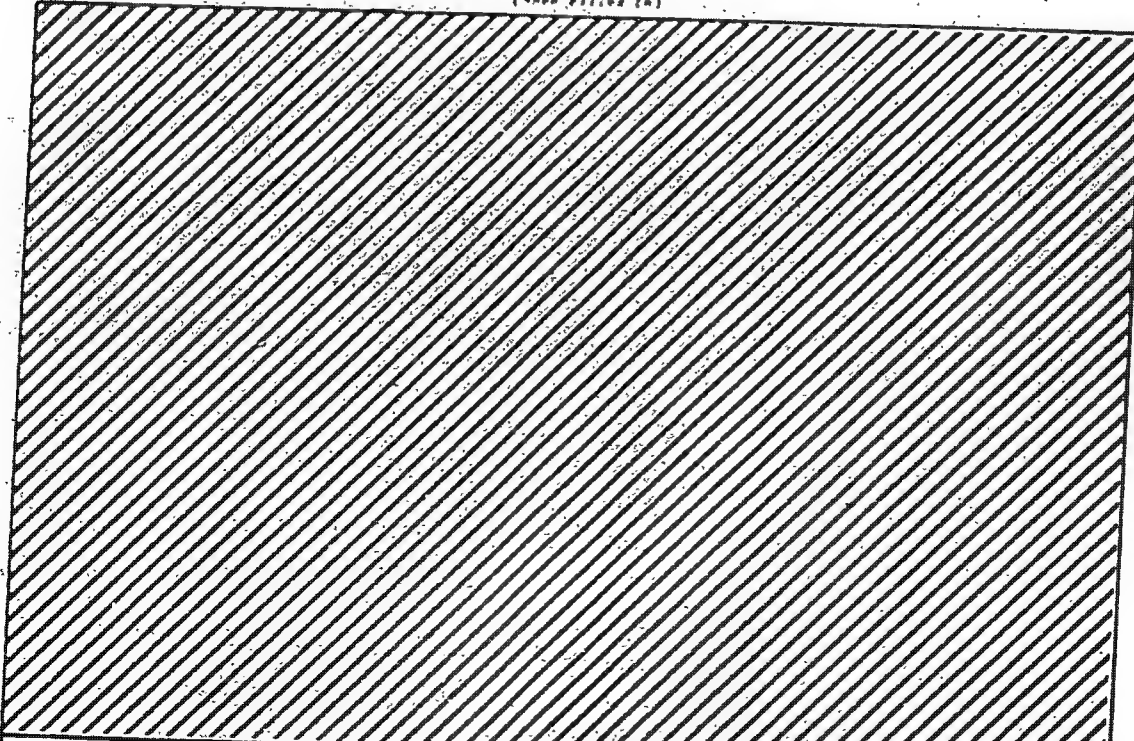

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 01342		2. NAME (Last-First-Middle) HUNT, E. Howard			
3. NATURE OF PERSONNEL ACTION TRANSFER		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 12 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V X CF TO V V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 5220-0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS OFFICE OF THE CHIEF OF OPERATION GROUP		10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE CPS CHIEF OF OPERATION GROUP		12. POSITION NUMBER 114 0390		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS		15. OCCUPATIONAL SERIES 0130.01		16. GRADE AND STEP 15 7	
17. SALARY OR RATE 19880					
18. REMARKS FROM DOD/US FDI/ON START This employee is the only qualified person available for assignment to this position which must be filled immediately. He will be in PRA status for a period not to exceed 24 months. PRA in accordance with Regulation HJ 20-21 paragraphs c (3). Verbal concurrence from DOD's per CC: Payroll Security 2/19/65 2/18/65 2/23/65 125					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 16 16		20. EMP. CODE 3 105		21. DATE OF BIRTH 10 09 18	
22. DATE OF DEATH 08 16 53		23. DATE OF LAST 12 06 64		24. DATE OF LAST	
25. RETIREMENT DATA 1 = YES 2 = NO		26. CORRECTION/CHANGE DATA 1 = YES 2 = NO		27. SECURITY NO.	
28. VET. PREFERENCE 1 = NO 2 = YES		29. CAREER CATEGORY 1 = YES 2 = NO		30. SOCIAL SECURITY NO.	
31. PREVIOUS EMPLOYMENT SERVICE DATA 1 = NO PREVIOUS SERVICE 2 = YES IN SERVICE (LESS THAN 3 YRS) 3 = YES IN SERVICE (MORE THAN 3 YRS)		32. FEDERAL TAX DATA 1 = YES 2 = NO		33. STATE TAX DATA 1 = YES 2 = NO	
34. POSITION CONTROL CERTIFICATION 2-19-65 HET (2)		35. O.P. APPROVAL 175		DATE APPROVED	

FORM 1152 OBSOLETE PREVIOUS EDITIONS
AND FORM 1152A

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
Hunt, E. Howard	Self	65-607
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>12 October 1964</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 10 OCT 1965	SIGNATURE OF OSD REPRESENTATIVE 	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 5 April 1965	
1. SERIAL NUMBER 013542		2. NAME (Last-First-Middle) HUNT, S. HOWARD									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT-CONVERSION <i>Transfer from Voucher to Voucher</i>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 10 65		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS V TO V <input type="checkbox"/> V TO CF <input checked="" type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF <input checked="" type="checkbox"/>		7. COST CENTER NO. CHARGE 5120-0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)							
9. ORGANIZATIONAL DESIGNATIONS OFFICE OF THE DDP OPERATIONS Group <i>Group</i>				10. LOCATION OF OFFICIAL STATION WASH., D.C.							
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 0350		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, F.B, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 7		17. SALARY OR RATE \$ 19000					
18. REMARKS Correct action dated 2/20/65 to delete transfer to vouchered funds. Correct Cost Center chargeable to 5120-0001 funds. Section 6 to read CF to CF. <i>Admin Error -</i> CC: Payroll Security											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED 5 April 65	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEREST CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR 1 10 09/18	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR		
28. NTE EXPIRES MO DA YR 02 27 67	29. SPECIAL REFERENCE 83	30. RETIREMENT DATA 1-USE 2-FIELD 3-NONE		COOB	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO DA YR		EOD DATA →		33. SECURITY REQ NO	34. SER
35. VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY EMP/BSV PROV TEMP		39. FEGLI HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX BREAK TIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX BREAK TIONS			
45. POSITION CONTROL CERTIFICATION 4/5/65 Ht						46. OP - APPROVAL Charles R. Smith				DATE APPROVED	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

Form 9-41 360

Obsolete Previous
Editions

(4-51)

[illegible]

OLB: 5 APR 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT (CORRECTION)				02 28 65		REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		A		CF TO CF		5120 0001 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP OFFICE OF THE DDP OPERATIONS GROUP						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						0390		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			15 7			19880		
18. REMARKS											
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/28/65 AS FOLLOWS: ITEM #3, NATURE OF PERSONNEL ACTION, TO DELETE TRANSFER TO VOUCHERED FUNDS. ITEM #6, FUNDS, WHICH READ CF TO V, TO READ CF TO CF. ITEM #7, COST CENTER NO. CHARGEABLE, WHICH READ 5220 0001 0000, TO READ 5120 0001 0000.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MAJORS CODE	
58		10		30100 DDP		75013				1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LET	
10 09 18						10 09 18					
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ NO	
NO DA YR		03		1 - CSC 2 - FICA 3 - NONE		TYPE		16 02 26 65		EOD DATA	
37. VET. PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEELI / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE		NO DA YR		NO DA YR		CODE		CODE		CODE	
1 - NO PREVIOUS SERVICE 2 - NO DA IN SERVICE 3 - BREAK IN SERVICE LESS THAN 3 YRS 4 - BREAK IN SERVICE MORE THAN 3 YRS											
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT.				45. FEDERAL TAX DATA			
CODE				CODE				CODE			
1 - NO PREVIOUS SERVICE 2 - NO DA IN SERVICE 3 - BREAK IN SERVICE LESS THAN 3 YRS 4 - BREAK IN SERVICE MORE THAN 3 YRS				1 - YES 2 - NO				1 - YES 2 - NO			
46. STATE TAX DATA				47. FEDERAL TAX DATA				48. STATE TAX DATA			
CODE				CODE				CODE			
1 - YES 2 - NO				1 - YES 2 - NO				1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 4-7-65 <i>TH</i> </div>											

FORM 11 42 1150

Use Previous Edition

SECRET

(When Filled In)

(When Filled In)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

17 JUNE 1965

1. SERIAL NUMBER 013842		2. NAME (Last-First-Middle) HUNT, E. HOWARD	
3. NATURE OF PERSONNEL ACTION RESIGNATION		4. EFFECTIVE DATE REQUESTED MONTH 7 DAY 3 YEAR 65	
5. FUNDS V TO V <input type="checkbox"/> CP TO V <input checked="" type="checkbox"/> V TO CP <input type="checkbox"/> CP TO CP <input type="checkbox"/>		6. CATEGORY OF EMPLOYMENT REGULAR	
7. COST CENTER NO. CHARGEABLE 6120-0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP OFFICE OF THE DDP OPERATIONS GROUP		10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0390	
13. CLASSIFICATION SCHEDULE (GS, FS, VA, etc.) GS		14. OCCUPATIONAL SERIES 0136.01	
15. GRADE AND STEP 15 7		16. SALARY OR RATE \$ 19,880.	
17. REMARKS SUBJECT IS RE-EMPLOYABLE.			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECORDED 6-1 WT </div>			
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Rushmore</i>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Rushmore</i>	
DATE SIGNED		DATE SIGNED 6/24/65	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 45-10	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. INTEGRITY CODE	24. HOURS CODE 1	25. DATE OF BIRTH MO. 10 DA. 09 YR. 11	26. DATE OF GRADE MO. DA. YR.
27. DATE OF LEI MO. DA. YR.	28. SPECIAL REFERENCE 1-CSC 2-FICA 3-BONE	29. RETIREMENT DATA CODE	30. SEPARATION DATA CODE 1-BF, 00, 1, 1
31. CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	32. SECURITY REQ. NO.	33. SEX	34. SOCIAL SECURITY NO.
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CODE
39. FEGLI-HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. HEALTH INS. CODE	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NONE IN SERVICE 2-BRIEF IN SERVICE (LESS THAN 3 YEARS) 3-BRIEF IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA CODE NO. TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NO	44. STATE TAX DATA CODE NO. TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NO	45. POSITION CONTROL CERTIFICATION 6/24/65 <i>WT</i>	46. O.P. APPROVAL <i>E. A. Long</i> 7/13/65
DATE APPROVED			

PJH: 16 JUL 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
RESIGNATION						NO. DA YR 07 03 65			REGULAR		
6. FUNDS		7. TO V		8. TO CF		7. COST CENTER NO. CHARGEABLE			8. CXC OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		6120 0001 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/OFFICE OF THE DDP OPERATIONS GROUP						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
OPS OFFICER						0390			D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE		
GS				0136.01		15 7			19880		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. RIGHTS CODE	
45		10		NUMERIC ALPHABETIC		CODE		CODE		CODE	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
NO. DA YR		NO. DA YR		NO. DA YR		NO. DA YR		NO. DA YR		NO. DA YR	
10 09 18											
31. SECURITY REQ NO		32. SER		33. SPECIAL REFERENCE		34. RETIREMENT DATA		35. SEPARATION DATA CODE		36. CORRECTION/CANCELLATION DATA	
DO DA YR		DO DA YR		1 - YES 2 - NO		CODE		CODE		TYPE NO DA YR	
						18F0071				ROD DATA	
37. VET PREFERENCE		38. SERV COMP. DATE		39. LONG COMP. DATE		40. CAREER CATEGORY		41. FEELT - HEALTH INSURANCE		42. SOCIAL SECURITY NO	
DO DA YR		DO DA YR		DO DA YR		CODE		CODE 0 - NO YES HEALTH INS CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT								1 - YES 2 - NO			
PREVIOUS GOVERNMENT SERVICE DATA				43. LEAVE CAT				FEDERAL TAX DATA			
1 - NO PREVIOUS SERVICE 2 - NO BARAN IN SERVICE 3 - BARAN IN SERVICE MORE THAN 2 YRS 4 - BARAN IN SERVICE (MOST THAN 3 YRS)				CODE				CODE NO TAX EXEMPTION			
				1 - YES 2 - NO				CODE NO TAX EXEMPTION			
								CODE NO TAX EXEMPTION			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED JUL 19 65 </div>											

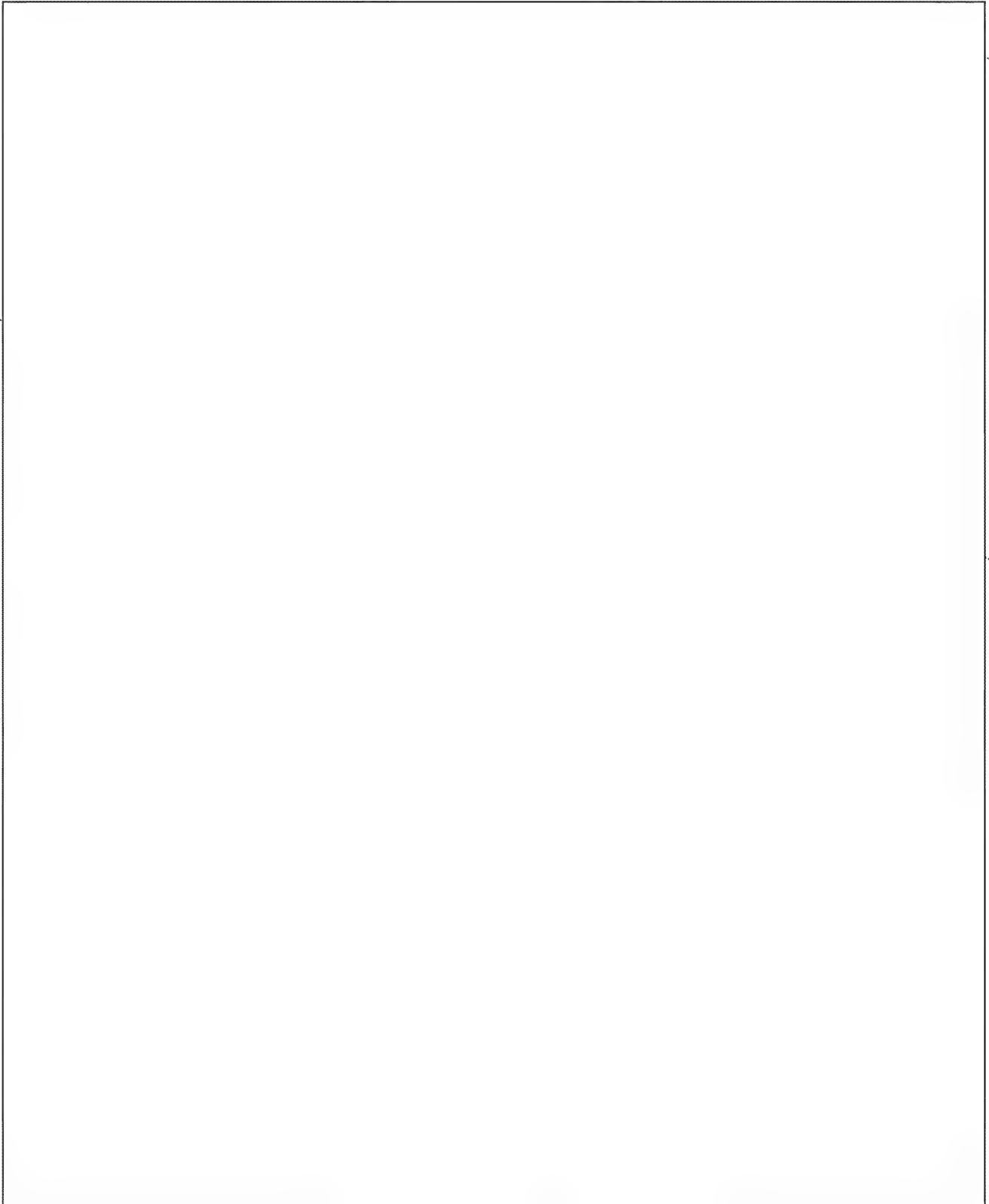
1130

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)



SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)				3 SEPTEMBER 1966	
013842		HUNT, E. HOWARD					
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT	
EXCEPTED APPOINTMENT <i>(Career)</i>				MONTH DAY YEAR 09 18 66		REGULAR	
6 FUNDS		7 COST CENTER NO. CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
XX V TO V		V TO C		7236-1184			
C TO V		C TO C					
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION			
DDP/WE OPERATIONS STAFF INTERNAL SECTION				WASHINGTON, D.C.			
11 POSITION TITLE				12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION	
OPS OFFICER (15)				0020		D	
14 CLASSIFICATION SCHEDULE (GS, FS, FN, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE	
GS		0136.01		15-7		\$ 21192	
18 REMARKS Subject terminated staff status July 1965. Picked-up as a Contract Employee, and the termination of Contract Status will be effective 17 September 1966.							
Terminated Contract Employee converting to Staff Reinstated with seniority <i>* Former Contract Employee. Reinstated with Seniority C-07/54</i>							
cc Security		cc Payroll		DATE SIGNED		DATE SIGNED	
		Personnel		Signature of Career Service Approving Officer		19 Sept 66	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGRER CODE	24 MOOTHS CODE	25 DATE OF BIRTH
11	10	50845 WE		75013		1	MO DA YR 10 09 18
26 NTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 CORRECTION (CANCELLATION) DATA	33 SECURITY	
MO DA YR		1-ESC 2-INA 3-NCR		TYPE	MO DA YR	4830 M1	
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE		38 CAREER CATEGORY	39 FEELI HEALTH INSURANCE	40 SOCIAL SECURITY NO	
CODE	MO DA YR	MO DA YR		CODE	CODE	136-65-5872	
1	05 12 45	11 28 44		C-1	1-YES 2-NO		
41. PREVIOUS GOVERNMENT SERVICE DATA		42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA	
CODE		CODE		CODE		CODE	
1		8		1		1	
45 POSITION CONTROL CERTIFICATION		46 O.P. APPROVAL		DATE APPROVED			

RUN: 23 SEPT 66

SECRET
(When Filled In)

OAF NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
013842		HUNT E HOWARD							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
EXCEPTED APPT CAREER					09 13 66		REGULAR		
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
X		7236 1184 0000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP/WE OPERATIONS STAFF INTERNAL SECTION					WASH., D.C.				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
OPS OFFICER					0020		D		
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.01		15 7		21192		
18. REMARKS									
FORMER CONTRACT EMPLOYEE. REINSTATE SICK LEAVE.									

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGREE CODE	24. MAJOR CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
11	10	NUMERIC 50045 WE	75013		1	10 09 18	08 16 53	12 06 64	
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA	33. SECURITY REG NO		34. SER		
					48130		M1		
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO				
1	05 24 44	11 08 49	C	1	126054970				
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			
1			8	1 M5		1 C 19			

SIGNATURE OR OTHER AUTHENTICATION

POSTED

09-27641

10 1150

Use Previous Edition

SECRET

SECRET

(When Filled In)

1/38

ADAMS

1. SERIAL NO	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP MOVES
013842	HUNT E HOWARD	44 050	CF	
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION
Grade	Step	Salary	Lead Eff. Date	Grade
GS 1	7	\$21,192	12/06/64	GS 15
				8
				\$21,799
				12/03/67
EFFECTIVE DATE				
SI				
ADJ				
CERTIFICATION AND AUTHENTICATION				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.				
SIGNATURE <i>Refr. Linsse</i>				DATE 29 Nov. 1967
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD				
CLERK'S INITIALS		MODIFIED BY		
FORM 7-66 560 E Use previous editions		PAY CHANGE NOTIFICATION (A-31)		

SECRET

3 October 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Verification of Contract Service for
Howard E. Hunt

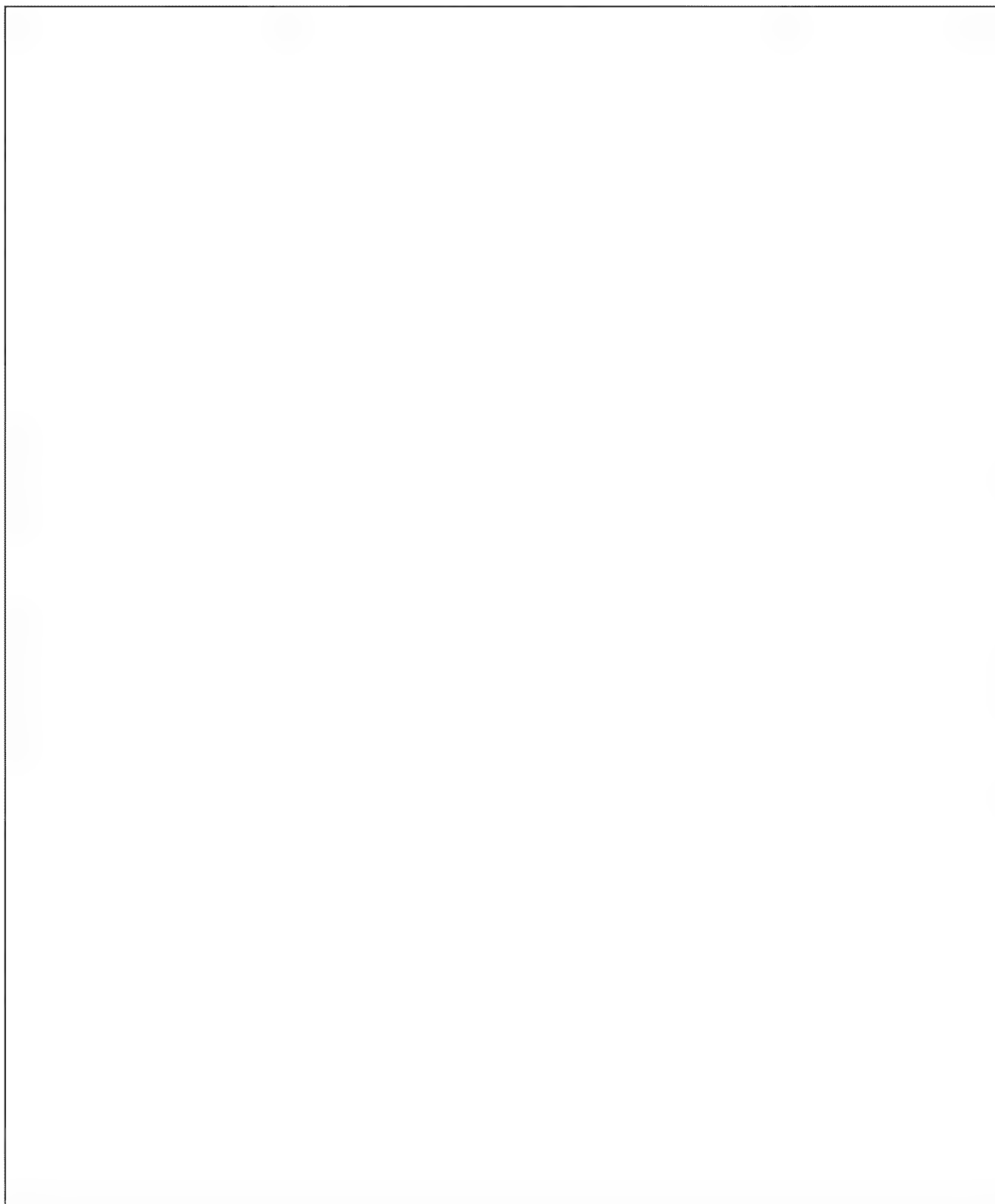
1. The following is a record of subject's contract service with the Agency:

<u>Date</u>	<u>Action</u>	<u>Compensation</u>
4 July 1965	Contract Employee	\$19,880 per annum
10 October 1965	Salary Increase	\$20,595 per annum
3 July 1966	Salary Increase	\$21,192 per annum
17 September 1966	Contract Terminated	\$21,192 per annum

2. All of above service is creditable for both leave and Civil Service Retirement purposes.


Chief, Contract Personnel Division

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION



SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								11. JANUARY 1967	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED				5. CATEGORY OF EMPLOYMENT					
TRANSFER TO CONFIDENTIAL FUNDS		MONTH DAY YEAR 01 20 67				REGULAR					
6. FUNDS		7. COST CENTER NO. CHARGEABLE				8. LEGAL AUTHORITY (Completed by Office of Personnel)					
V TO V XX V TO CF CF TO V CF TO CF		2130-1184									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/FIR SPECIAL ACTIVITIES STAFF						WASH. D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS. OF						0000		D			
14. CLASSIFICATION SCHEDULE (GS, E, R, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0130.01		15-7		\$ 21.102 ✓			
18. REMARKS											
cc payroll											
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
						18/Jan/67					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HQ/RES. CODE	
20		10		3030		2817				10 09 17	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
1 10 17		1 10 17		1 10 17		1 10 17		1 10 17		1 10 17	
31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA		33. SECURITY REQ. NO.		34. SER		35. VET PREFERENCE		36. SERV COMP DATE	
TYPE		MO DA YR		REQ. NO.		SER		CODE		MO DA YR	
				EOD DATA							
37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI HEALTH INSURANCE		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE	
MO DA YR		CODE		CODE		CODE		CODE		CODE	
1 10 17		15-7		1-YES		1-YES		1-NO		1-NO	
43. POSITION CONTROL CERTIFICATION		44. OP APPROVAL		45. DATE APPROVED		46. FEDERAL TAX DATA		47. STATE TAX DATA		48. FEDERAL TAX DATA	
FROM WE		1/10/67		1/10/67		CODE		CODE		CODE	
						CODE		CODE		CODE	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

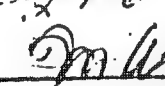
(4)

SECRET
(When Filled In)

BJT: 26 JAN 67

NOTIFICATION OF PERSONNEL ACTION

OCE

1. SERIAL NUMBER 013842		2. NAME (LAST, FIRST, MIDDLE) HUNT E. HOWARD	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS		4. EFFECTIVE DATE MO DA YR 01 29 67	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V X	7. Financial Analysis No. Chargeable 7136 1184 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR SPECIAL ACTIVITIES STAFF		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0006	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 7	17. SALARY OR RATE 21192
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODES NUMERIC ALPHABETIC 44050 EUR	22. STATION CODE 75013
23. DATE EXPIRES MO DA YR	24. HEIGHT CODE 1	25. DATE OF BIRTH MO DA YR 10 09 18	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. CORRECTION/CANCELLATION DATA TYPE MO DA YR	29. SECURITY REQ NO.	30. SER
31. YES PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT	32. SERV COMP DATE MO DA YR	33. LONG COMP DATE MO DA YR	34. CAREER CATEGORY CODE 0 NONE 1 YES 2 NO
35. FEDERAL TAX DATA CODE 0 NONE 1 YES 2 NO	36. HEALTH INSURANCE CODE 0 WAIVER 1 YES	37. SOCIAL SECURITY NO.	38. STATE TAX DATA CODE 0 NONE 1 YES 2 NO
39. SIGNATURE OR OTHER AUTHENTICATION			
FROM: WE		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED  </div>	

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED		
1 SERIAL NUMBER 013842					2 NAME (Last-First-Middle) HUNT, E. HOWARD		
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 07 67		5 CATEGORY OF EMPLOYMENT REGULAR		
6 FUNDS V TO V CF TO V			7 FINANCIAL ANALYSIS NO CHARGEABLE 7136-1184		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203		
9 ORGANIZATIONAL DESIGNATIONS DDP/WE EVR			10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.				
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION D		
14 CLASSIFICATION SCHEDULE (GS, FS, HC)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP 15		17 SALARY OR RATE \$	
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.							
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		
					DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 REGIONS CODE	
25 DATE OF BIRTH MO. DA. YR.		26 DATE OF GRADE MO. DA. YR.		27 DATE OF LRI MO. DA. YR.			
28 HRT EXPIRES MO. DA. YR.		29 SPECIAL REFERENCE 1-CSC 2-FCR 3-BOM		30 RETIREMENT DATA CODE 2		31 SEPARATION DATA CODE TYPE	
						32 CORRECTION CANCELLATION DATA MO. DA. YR.	
						33 SECURITY REQ NO	
34 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		35 SERV COMP DATE MO. DA. YR.		36 LONG COMP DATE MO. DA. YR.		37 CAREER CATEGORY CODE 1-YES 2-NO	
38 FEGLI-HEALTH INSURANCE CODE 0-NONE 1-YES		39 SOCIAL SECURITY NO		40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT. CODE		43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED 1-YES 2-NO	
45 POSITION CONTROL CERTIFICATION 3-2-67 gmm		46 OF APPROVAL See memo signed by D/Pers dated 27 APR 1967				DATE APPROVED	

SECRET

SECRET
(When Filled In)

BJT: 17 MAY 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)	
013842		HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		05 07 67	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. Financial Analysis No Chargeable	
V TO V CF TO V		X CF TO CF	
7136 1184 0000		PL 88-643 SECT. 203	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/EUR		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	
		D	
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)		15. OCCUPATIONAL SERIES	
		15	
16. GRADE AND STEP		17. SALARY OR RATE	
18. REMARKS			
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE			
20. EMPLOY CODE			
21. OFFICE CODING			
22. STATION CODE			
23. INTEGREE CODE			
24. Major Code			
25. DATE OF BIRTH			
26. DATE OF GRADE			
27. DATE OF LEI			
28. NTE EXPIRES			
29. SPECIAL REFERENCE			
30. RETIREMENT DATA			
31. SEPARATION DATA CODE			
32. CORRECTION/CANCELLATION DATA			
33. SECURITY REQ. NO.			
34. SEX			
35. VET PREFERENCE			
36. SERV COMP DATE			
37. LONG COMP DATE			
38. CAREER CATEGORY			
39. REGU / HEALTH INSURANCE			
40. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			
42. LEAVE CAT			
43. FEDERAL TAX DATA			
44. STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

POSTED
5-18-67

1150

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GROUP 1
Excluded from automatic
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declassification

(When Filled In)

SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to [] for a special undertaking in behalf of the DD/P. He left for [] in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".


Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

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(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
HUNT E. Howard

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
Sarasota, Fla.

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE HOME LEAVE RESIDENCE
Potomac, Md. 11120 River Rd. Potomac, Md. 20854

2. MARITAL STATUS (Check one)

SINGLE ☒ MARRIED SEPARATED DIVORCED WIDOWED ANNULLED

IF MARRIED, PLACE OF MARRIAGE DATE OF MARRIAGE
Millbrook, N.Y. Sept. 7 1949

IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE ADDRESS (No. Street, City, State, Zip Code) TELEPHONE NO.
Dorothy L. Hunt 11120 River Rd. Potomac, Md. 20854 299 7366

NAMES OF CHILDREN ADDRESS SEX DATE OF BIRTH
Lisa T. 11120 River Road, Potomac, Md. F 3/11/51
Kevan T. D F 27/11/52
Howard St. John I TFO M 3/22/54
David A. H 8/1/65

NAME OF YOUR FATHER (Or male guardian) ADDRESS TELEPHONE NO.

NAME OF YOUR MOTHER (Or female guardian) ADDRESS TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. Wife and 3 elder children

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Last, First, Middle) RELATIONSHIP
R Hunt, Dorothy L. wife

HOME ADDRESS (No. Street, City, State, Zip Code) HOME TELEPHONE NUMBER
11120 River Rd. Potomac, Md. 20854 299 7366

BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) YES ☒ NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) YES ☒ NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES ☒ NO

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

5. VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p align="center">Riggs National Bank F&M Branch, Washington, DC</p> <p align="center">Howard and/or Dorothy L. Hunt</p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p align="center">in wife's possession</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p> <p align="center">Wm. F. Buckley, Jr. Stamford, Conn.</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
<p>Daughter Lisa T. Hunt is presently hospitalized. Notification should <u>not</u> be made to her.</p>		
<p>SIGNED AT <i>Langley, Va.</i></p>	<p>DATE <i>28 June 1967</i></p>	<p>SIGNATURE <i>E. Howard Hunt</i></p>

CONFIDENTIAL

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								30 JULY 1968	
013842		HUNT, E. HOWARD									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT				08/07/68			REGULAR				
6. FUNDS		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
CF TO V		XX		CF TO CF		9136 1184					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
EDP/EUR OPERATIONS STAFF				WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
CPS OFFICER (15)				0012		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		15 8		23,735 24.393				
18. REMARKS											
VICE: W. DIETRICH FROM EUR/SAS/#0006											
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
[Signature]				8/1/68		[Signature]				5 Aug 68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MOOTHS CODE	
37		10		44100 EUR		75213		1		10/09/68	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
25. VET PREFERENCE		34. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		MO. DA. YR.		MO. DA. YR.		CODE		CODE		CODE	
8-BONE 1-5 FT 9-10 FT		MO. DA. YR.		MO. DA. YR.		CODE		CODE		CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		CODE		CODE			
8-B0 PREVIOUS SERVICE 1-B0 DEBAR IN SERVICE 2-B0 DEBAR IN SERVICE (LESS THAN 3 YEARS) 3-B0 DEBAR IN SERVICE (MORE THAN 3 YEARS)				FORM EXECUTED 1-YES 2-NO		NO. TAX EXEMPTIONS		FORM EXECUTED 1-YES 2-NO			
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL				DATE APPROVED			
8-7-68				[Signature]				[Signature]			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

PLW: 13 AUG 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

CCF

1. SERIAL NUMBER 013842		2. NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 03 / 07 / 68	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	V TO CF CF TO CF	7. Financial Analysis No. Chargeable 9136 1194 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0012	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS 18-19)	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 8	17. SALARY OR RATE 24399
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING 44100 EUR	22. STATION CODE 78013	23. INTEGRITY CODE	24. HONORARY CODE	25. DATE OF BIRTH 10 / 05 / 12	26. DATE OF GRADE	27. DATE OF LEI
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. Correction / Concurrence Data	33. SECURITY REQ NO		34. SEA
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG. COMP DATE	38. CAREER CATEGORY	39. REGU - HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA				

SIGNATURE OR OTHER AUTHENTICATION

POSTED
8/16/68

FORM 1150
5-64

Use Previous Edition

SECRET

PLW

Excluded from automatic downgrading and declassification

(When Filled In)

7 March 1969

MEMORANDUM FOR: E. Howard Hunt, DEP/EUR/CA

SUBJECT : Service Computation Date

In your memo of 24 February 1969 to the Director of Personnel you requested a classification of your Service Computation Date, since various records had indicated three different dates. The date should be 7 September 1944.

This date reflects the following service:

Economic Cooperation Administration-

17 May 1948 - 08 June 1948 22 days

Foreign Service-

09 June 1948 - 19 February 1949 - 08 mo., 11 days

U.S. Naval Reserve-

19 August 1940 - 13 October 1942 - 02 yr., 1 mo., 25 days

U.S. Army-

06 October 1943 - 08 January 1946 - 02 yr., 3 mo., 3 days

Agency (Staff and Contract)-

08 November 1949 to Present

Total non-Agency time amounts to 5 years, 2 months and 1 day. When this time is subtracted from your Agency EOD date the result is 7 September 1944.

The confusion has resulted from conflicting dates arrived at in previous attempts at classification.

~~SECRET~~

This office is charged with arriving at SCD's for leave purposes. Prior to your retirement the Retirement Operations Branch will obtain records from the Civil Service Commission verifying that service which is creditable for retirement purposes.

In this regard let me point out that the data which we have just verified contains a period of service that is potentially creditable for retirement. Your military records show an enlistment in the Army as 6 October 1943. However the form later states active duty from 22 November 1943 to 8 January 1946. If you have any questions regarding the computation please call me on X7165. Questions regarding creditable service for retirement purposes can be referred to [] on X3257.

[]
Chief, Transactions & Records Branch

Distribution:
Orig. & Addressee
1-TRB Chrono

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee
Number 013842, DOB: October 1918;
EUR/CA; Career; Service Designa-
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1969

MONTHS UNDER MY SUPERVISION: 7

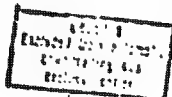
OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.

20 APR 1969
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4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.

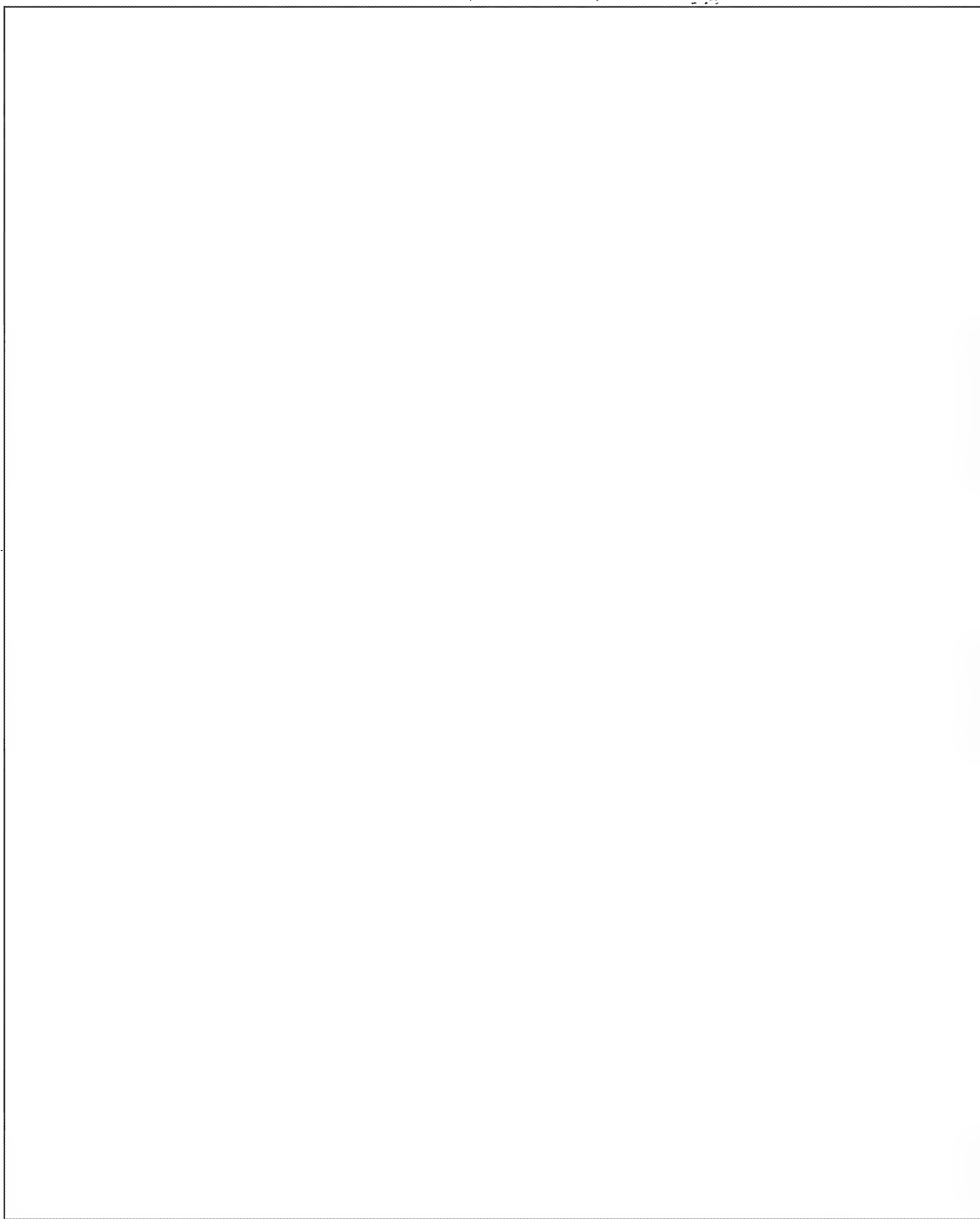

Chief of Operations
European Division

I certify that I have seen the above fitness report.

Robert Hunt
Date: 5/15/69

- 2 -

SECRET



SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 013842										19 Jan 70	
2. NAME (Last-First-Middle) HUNT, E. HOWARD											
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 11 70		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V V TO CF CF TO V CF TO CF						7. FINANCIAL ANALYSIS NO. CHARGEABLE 0236 1184		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF						10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE CPS OFFICER						12. POSITION NUMBER 0012		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GSA, F.R. No.) GS				15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 8		17. SALARY OR RATE \$ 26,629			
18. REMARKS Effective date of 11 Jan 70 must remain in order for Subject to be eligible for Blue Cross Hospitalization. CB: PAYROLL											
18A. SIGNATURE OF REQUESTING OFFICIAL [Signature] C/E/Pers						DATE SIGNED 1/19/70		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]			
DATE SIGNED 1-19-70											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 10	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 4450	22. STATION CODE ALPHABETIC V-113	23. INTEGREE CODE	24. HQ/RTS CODE 1	25. DATE OF BIRTH MO DA YR 10/09/18	26. DATE OF GRADE MO DA YR	27. DATE OF LEL MO DA YR			
28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION (CANCELLATION DATA) TYPE MO DA YR	EOD DATA		33. SECURITY RTG NO	34. SER			
35. VET PREFERENCE CODE B-BOMB 1-5 FT 2-10 FT	36. SLEP COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE LSE RSY PROG TEMP	39. LEGAL/HEALTH INSURANCE CODE B-WAIVER 1-YES	HEALTH INS CODE		40. SOCIAL SECURITY NO				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE B-NO PREVIOUS SERVICE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXEMPTED 1-YES 2-NO	44. STATE TAX DATA CODE NO TAX EXEMPTIONS FORM EXEMPTED 1-YES 2-NO	STATE TAX DATA CODE NO TAX EXEMPTIONS FORM EXEMPTED 1-YES 2-NO		STATE TAX DATA CODE NO TAX EXEMPTIONS FORM EXEMPTED 1-YES 2-NO					
45. POSITION CONTROL CERTIFICATION 1-20-70 mw						46. OP APPROVAL W heat		DATE APPROVED 1/20/70			

SECRET

(When Filled In)

FORM 5-66 1150 10-67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 113 42		2. NAME (LAST-FIRST-MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS		4. EFFECTIVE DATE MO. DA YR 01 11 76	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V X CF TO V	V TO CF CF TO CF	7. Financial Analysis No. Chargeable 0200 1104 0000
9. ORGANIZATIONAL DESIGNATIONS ODP/EUR OPERATIONS STAFF		8. CSC OR OTHER LEGAL AUTHORITY 58 USC 433 J	
10. LOCATION OF OFFICIAL STATION WASH, D.C.		11. POSITION TITLE OPS OFFICER	
12. POSITION NUMBER 0012		13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE IGS, LB, EX 1 CS	15. OCCUPATIONAL SERIES 0100.01	16. GRADE AND STEP 15	17. SALARY OR RATE 26021
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 10	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 000000 EUR	22. STATION CODE 75013
23. INTEREST CODE 1	24. HOURS CODE 1	25. DATE OF BIRTH MO DA YR 10 07 1	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1. CSC 2. CIA 3. NSA 4. NGA	30. RETIREMENT DATA CODE
31. SEPARATION DATA CODE TYPE	32. CORRECTION / CANCELLATION DATA MO DA YR	33. SECURITY REQ NO	
34. SEX	EOD DATA		
35. VET PREFERENCE CODE	36. SERV COMP DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CAR BSC PROV 11 WP
39. FEGLI - HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	
42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO	44. STATE TAX DATA FORM EXECUTED 1 YES 2 NO	
45. SIGNATURE OR OTHER AUTHENTICATION			

FORM 5-66

1150
10-67Use Previous
Edition

SECRET

JIBC

URGE
Excluded from automatic
downgrading and
declassification

(When Filled In)

FORM 5-66 1150 10-67

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
HUNT E HOWARD	013442	44	100	CF GS 15 8	\$25,629

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-216 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	44	050	CF GS 15 7	\$21,192	\$22,082

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

SECRET

(When filled in)

JED: 20 APR 70

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013842		2. NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE NO 000 18 04/30/70	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X	V TO V CF TO V	V TO CF CF TO CF	7. Financial Analysis No Chargeable 0236 1184 0000
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF		8. CSC OR OTHER LEGAL AUTHORITY P.L. 88-643 SECT. 233	
11. POSITION TITLE OPS OFFICER		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		12. POSITION NUMBER 0012	13. SERVICE DESIGNATION D
15. OCCUPATIONAL SERIES 0138.01		16. GRADE AND STEP 15 8	17. SALARY OR RATE 22226
18. REMARKS			

1. LAST NAME HUNT		FIRST NAME E		INITIALS HOWARD		2. APPOINTMENT DATA Entered on duty 5/15/48 Subject to Sec 203(a), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 203(d) Annual Leave Bal		3. TOTAL SERVICE FOR LEAVE (as of date of separation) Years Months Days 25 7 23 <input checked="" type="checkbox"/> More than 15 years	
4. DATE AND NATURE OF SEPARATION RETIREMENT VOLUNTARY CIARDS 4/30/70									
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)						SUMMARY OF HOME LEAVE (DAYS)			
5. Balance from prior leave year ended 1/10 1970						14. Date arrival abroad for HL purposes			
6. Current leave year accrual through 4/18 1970						15. Current balance as of 19			
7. Total						16. 12 month accrual rate			
8. Reduction in credits, if any (current year)						17. Dates leave used, prior 24 months			
9. Total leave taken						18. Monthly accrual date			
10. Balance						19. Calendar days credit for next accrual date			
11. Total hours paid in lump sum 300 HRS + 1 HOL						20. Date last service period completed			
12. Salary rates 28,226						21. Dates during current calendar yr			
13. Lump sum leave dates From 0630, 5/1/70 to 6/24/70 1230 (Hours)						22. Dates during preceding calendar yr			
for Chief Payroll 143-2585 (Telephone)						23. During leave year in which separated			
						24. During step increase waiting period which began on 12/3/67			
						25. During 12 month HL accrual period (dates)			
						MILITARY LEAVE			
						ABSENCE WITHOUT PAY			
						LWOP or AWOL or Furlough (Suspension) (Hours)			
						0			
						0			

Standard Form 1150
November 1965
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 200-11 AND 900-2

DUU

(When Filled In)

SECRET

81 APR 1970 70-2034

MEMORANDUM FOR : Director of Central Intelligence

**SUBJECT : Request for Voluntary Retirement
E. Howard Hunt**

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. E. Howard Hunt, GS-15, Operations Officer, European Division, Clandestine Service, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 April 1970.

3. Mr. Hunt has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 51 years old with over 25 years of Federal service. This service includes over 20 years with the Agency of which more than 10 years were in qualifying service overseas. The Head of the Clandestine Service Career Service has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. E. Howard Hunt under the provisions of Headquarters Regulation 20-50j.

/s/ Robert S. Wattles

Robert S. Wattles
Director of Personnel

The recommendation contained in paragraph 4 is approved:

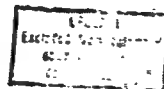
/s/ Richard Holms

Director of Central Intelligence

81 APR 1970

Date

SECRET



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

21 APRIL 1970

1 SERIAL NUMBER

013842

2 NAME (Last-First-Middle)

HUNT, E. HOWARD

RETIREMENT (VOLUNTARY) UNDER THE CIA
RETIREMENT AND DISABILITY SYSTEM

4 EFFECTIVE DATE REQUESTED

MONTH COB YEAR
04 30 70

5 CATEGORY OF EMPLOYMENT

REGULAR

6 FUNDS



X V TO V

V TO CF

CF TO V

CF TO CF

7 FINANCIAL ANALYSIS NO
CHARGEABLE

0236-1184

8 LEGAL AUTHORITY (Completed by Office of
Personnel)88-643
Act, 233

9 ORGANIZATIONAL DESIGNATIONS

DDP/EUR
OPERATIONS STAFF

10 LOCATION OF OFFICIAL STATION

WASHINGTON, D.C.

11 POSITION TITLE

OPS OFFICER

(15)

12 POSITION NUMBER

0012

13 CAREER SERVICE DESIGNATION

D

14 CLASSIFICATION SCHEDULE (GS, F, H, etc.)

GS

15 OCCUPATIONAL SERIES

0136.01

16 GRADE AND STEP

15 8

17 SALARY OR RATE

\$ 28,630 28,226

18 REMARKS

cc: SECURITY
cc: PAYROLL

Recommendation for agency reserve program w. body

S. J. Kline
CSRS 4/27/70

1152 Relieved w/o notice, R.O.B., 4/29/70.

19A SIGNATURE OF REQUESTING OFFICIAL

DATE SIGNED

19B SIGNATURE OF APPROVING OFFICIAL

DATE SIGNED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

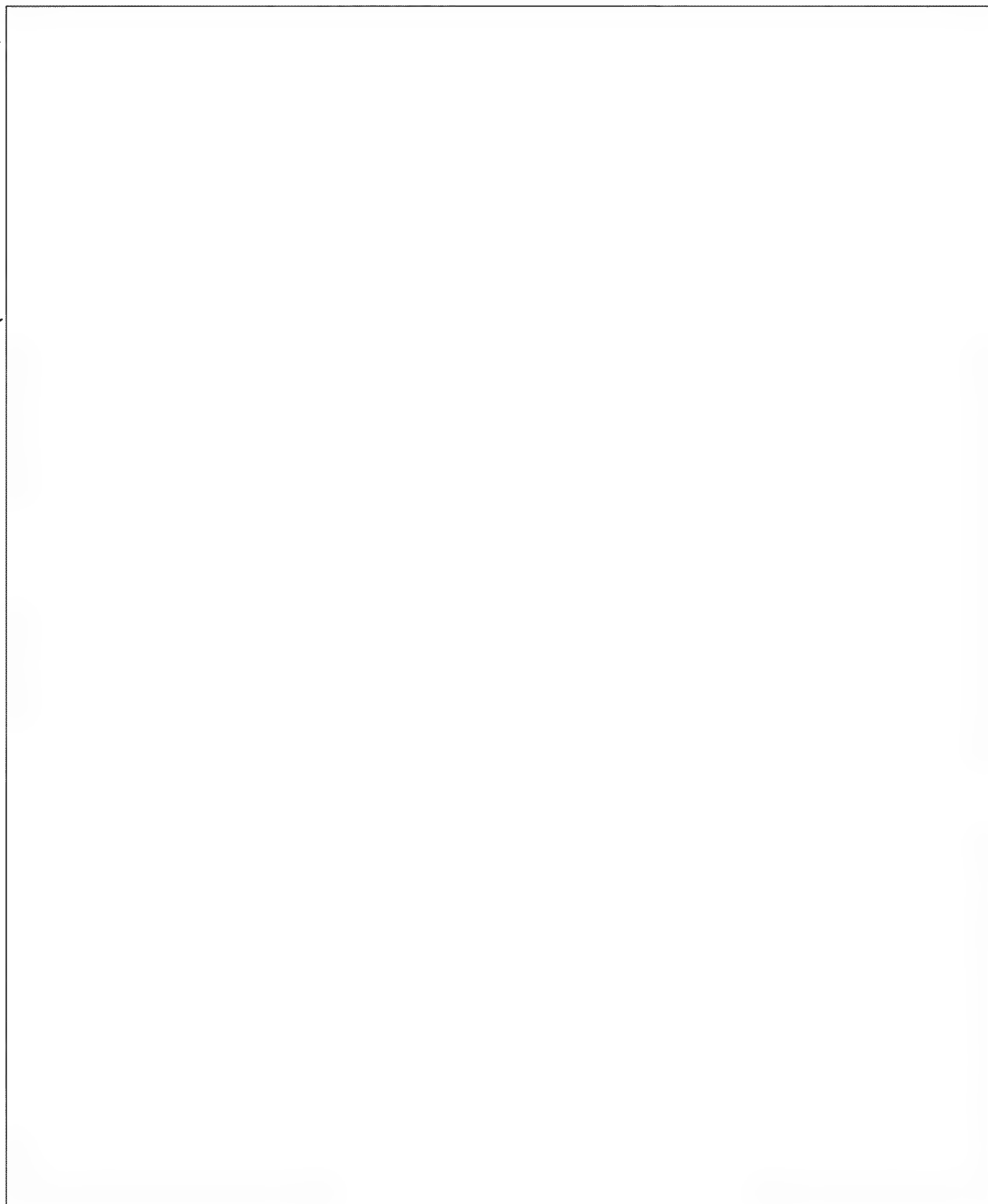
19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE	23 INTEGRATE CODE	24 HOGIPS CODE 1	25 DATE OF BIRTH MO DA YR 10 09 18	26 DATE OF GRADE MO DA YR	27 DATE OF LEL MO DA YR
28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE 1-FC 2-ORCH 3-FICA 4-NONE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE TYPE	32 CORRECTION CANCELLATION DATA MO DA YR	EOD DATA		33 SECURITY REQ NO	34 SER
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE CAR RESP PROV TEMP	39 FEGLI HEALTH INSURANCE CODE B-BARRIER 1-YES	HEALTH INS CODE		40 SOCIAL SECURITY NO	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO PRIOR IN SERVICE 2-PRIOR IN SERVICE (LESS THAN 3 YEARS) 3-PRIOR IN SERVICE (MORE THAN 3 YEARS)	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NONE	44 STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NONE	45 POSITION CONTROL CERTIFICATION 4-29-70		46 OF APPROVAL DATE APPROVED 4/24/70		

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)



JSC: 22 APR 70

DEF						NOTIFICATION OF PERSONNEL ACTION	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)					
013842		MUNT E HOWARD					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM				04 COB 70 04 30 70		REGULAR	
6. FUNDS		7. V TO V		7. V TO CF		7. Financial Analysis No Chargeable & CSC OR OTHER LEGAL AUTHORITY	
<input checked="" type="checkbox"/>		CF TO V		CF TO CF		P.L. 88-643 SECT. 233	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				0012		D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE *	
GS		0136.01		15 A		28226	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

SECRET

1 MAY 1970

MEMORANDUM FOR : Mr. E. Howard Hunt

THROUGH : Head of CS Career Service

SUBJECT : Notification of Approval of Request for
Voluntary Retirement

1. I am pleased to inform you that your request for voluntary retirement under the CIA Retirement and Disability System has been approved by the Director of Central Intelligence.

2. Your retirement will become effective 30 April 1970. Your annuity will commence as of 1 May 1970 and is payable on 1 June 1970. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative processing required to effect your retirement.

3. You will receive a lump-sum payment for your accrued annual leave up to 30 days or for whatever amount of leave credit you carried over from the last leave year if that amount is more than 30 days.

/s/ H. B. Fisher

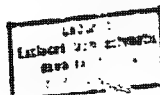
Robert S. Wattles
Director of Personnel

Distribution:

- 0 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Reader
- 1 - ROB Soft File

OP/RAD/ROB/[]:jat/3257 (30 April 1970)

SECRET



70-1825

6 MAY 1970
70-1825

Mr. E. Howard Hunt
11120 River Road
Potomac, Maryland 20854

6 MAY 1970

Dear Howard:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride and satisfaction in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Rich
Richard Helms

Richard Helms
Director

Good Luck and Best Wishes!

Distribution:

0 - Addressee

1 - DDCI

1 - ER

1 - C/EAB/OS

1 - D/Pers

1 - OPF

1 - ROB Soft File

1 - ROB Reader

Originator: /s/ H. B. Fisher

4 MAY 1970

Director of Personnel

SIGNED

Concur:

C/EAB/OS

29 APR 1970

OP/RAD/ROB/[]jat/3257 (20 April 1970)

Mr. F. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Mr. Hunt:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay
Personnel Officer

Enclosures:
Questionnaire
Return Envelope

Distribution:
Original - Addressee
1 - OPF
1 - RAD Subject's File

OP/RAD/EEAI/[]:mlp (9 October 1970)

HOWARD MONT
C/CA/EUR
4829

NO SECURITY

CENTRAL INTELLIGENCE AGENCY

Career Profile

From 1949 to the present I have been a career official of the Central Intelligence Agency. My foreign assignments have been in Europe, Latin America and the Far East where my duties involved the collection, evaluation, and reporting of high priority intelligence in the national interest. This intelligence information related to the economic, political, social and military aspects of nations and regions where I was located. During two crisis periods I was a senior member of special task forces organized to confront the crises, and took part in White House conferences. At other times I have served as a regional trouble-shooter.


Abroad I have dealt and negotiated with senior officials including Presidents of foreign nations and members of their Cabinets.

In Washington I have represented CIA at high levels of our government including the Psychological Strategy Board, Operations Coordinating Board and Interdepartmental Groups chaired by the Assistant Secretary of State. I have had extensive responsibilities for the development and review of large-scale budgets, and for their successful presentation.

I have also had broad experience in dealing with key non-governmental figures in the United States and abroad, including major corporate and industrial personalities at the highest level.

SECRET

(When Filled In)

FORM NO. 1200 (PART 2)	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) HUNT, E(tienne) Howard	DATE OF BIRTH 9 Oct 1918	
 <p>HUNT, E. Howard Jr. Major General, USA</p>		
10. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
11. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL		
12. ADDITIONAL INFORMATION		
<p>Appreciation 1951 from Chief, PP, for assistance rendered in the preparation of "PP Operational Aids."</p> <p>Appreciation 1953 from P. T. Culbertson, American Embassy, Mexico City, for ability, discretion and judgment displayed while assigned to Mexico City.</p> <p>Commendation 1954 from W. D. Playdon (P) for superior performance in connection with project PBUCCCESS.</p> <p>Appreciation 1960 from Chief, US Secret Service, Treasury Dept, to the DCI, for excellent cooperation provided prior to and during President Eisenhower's visit to</p> <p>Commendation 1961 from Ch,WH for performance of duties with distinction in support of the mission outlined in Project JIMATE.</p>		
23 Mar 1973	rrd/cal	

FORM NO. 1200 (PART 2) REPLACES FORM 1200 (PART 2) 1 FEB 57

SECRET

SECRET PROFILE CL BY 010025

2561

SECRET
(When Filled In)

1. PERM. SERIAL NO. 013842		BIOGRAPHIC PROFILE (PART I) 7 Feb 1974			
2. NAME (Last-First-Middle) HUNT, E(verette) Howard		3. SEX M	4. DATE OF BIRTH 9 Oct 1918	5. ACQUISITION DATE 8 Nov 1972	
6. MARITAL STATUS Married	7. DEPENDENTS (Include own-children) 5	8. YEARS OF BIRTH 1920 1951 1952 1954 1963		9. US NATURALIZATION DATES NA NA	
10. CAREER STATUS MEMBERSHIP	11. OTHER STATUS Jul 1954	12. LAST REG. RPT. DUAL. F20 Feb 1967		13. EVAL. FOR TDI Standby	
14. CURRENT RESERVE STATUS X	15. GRADE None	16. ACTIVE DUTY WITH CIA CAT. 1 None	17. RELEASE TO MIL. SER. CAT. 2 None	18. DEFERRED CAT. 3 None	19. RETIRED None
20. ASSESSMENT DATE None		21. PROFESSIONAL TEST DATE None		22. LANGUAGE PROFICIENCY TEST DATE None	
23. NON-CIA EMPLOYMENT					
1940-42 Military Service, US Navy, Ensign					
1942-43 "The March of Time," NYC - Script Writer					
1943 "Time," Inc, NYC - War Correspondent (South Pacific, 9 mos)					
1943-46 Military Service, USAAF, (1st Lt (1945-46, OSS in China)					
1946-49 Free Lance Writer					
1948-49 Economic Cooperation Administration, Paris, France - US Media Specialist					
24. NON-CIA EDUCATION					
1934 ARSST, Orlando, Fla - Air Combat Intelligence (4 mos)					
1936-40 Brown Univ - AB, English, English Literature, Economics					
1950 Berlitz School of Languages, DC - Spanish					
25. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
Spanish - R,P Inter; W,S,U High (Apr 1967) Transl & Interpr - May 1957					
German - R,N,S,U,Slight;P,inter; T,none - May 1957 (declined testing)					
French - R,P Elem; W,S,U Slight; T None - Sep 1950 - disc prof Apr 1968					
26. AGENCY SPONSORED TRAINING					
1950 Admin Proc 1953 Photography					
1950 Secret Writing					
1953 Ops Famil					
1953 Flaps & Seals					
27. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORIGIN, TITLE (if any)	LOCATION
Nov 1949	I.O. (Editor) 0130.00	13		OPC/P&P Stf/Program Csp II	Hq
Dec 1950	I.O. 0132.00	13		OPC/Latin America/ops/OCS	Mexico City
Jun 1951	" 0132.00	14		OPC/Latin America/DOON	"
Aug 1953	Ops Off 0132.00	15	PP	DDP/SE/Ch, PP Staff	Hq
Jun 1954	Ops Off (PP) 0135.31	15	DP	DDP/FS/SR-NA/Ch, PP Staff	"
Feb 1957	Area Ops Off 0136.01	15	DP	DDP/WH-II/	"
Nov 1960	Ops Off 0136.01	15	D	DDP/WH-I	Hq
Nov 1961	Jun-Nov 1961 Detailed to Office of the JCI	15	D	DDP/CA Stf/Plann&Res&Ch EvalBr	"
Jan 1962	Ops Off 0136.01	15	D	DDP/CA Staff/OS	"
Jul 1962	" 0136.01	15	D	DDP/DOES/Facilities Br/Ch, WFSec	"
Aug 1964	" 0136.01	15	D	DDP/DOE/U.S. Field Ch, CA Staff	"
Feb 1965	" 0136.01	15	D	DDP/Off of the DDP, Ops Group	"
	Jul 1965-Sep 1965 Contract Employees				
Sep 1965	Ops Off 0136.01	15	D	DDP/WE/Operations Stf	Hq
Jan 1967	" 0136.01	15	D	DDP/Eur/Spec Act Stf	"
Aug 1968	" 0136.01	15	D	DDP/EUR/Operations Staff	"
Apr 1970	Retirement--Voluntary under CIARDS				
28. DATE REVIEWED 28 Mar 1973		29. PROFILE REVIEWED BY E 2 EMPLOYEE nrd/cal CL HY 010026		30. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE NS	

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.


Deputy Chief,
European Division

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-271 AND
EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 30 DECEMBER 1966

NAME	SERIAL	ORGN.	PL	GS	STEP	BASE SALARY
Hunt E. Howard	012042	44	100	GS	GS-15 6	\$20,020

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD E		3. ASSIGNED ORGAN. DDP/WH		4. FUNDS UV		5. ALLOCATION	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO	DA	YR				MO DA YR
GS 15	A	\$12,670	02	09	59	GS 15	A	\$13,970	08 09 59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER									
9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP			
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK		11. AUDITED BY	
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS			
GRADE	STEP	SALARY	MO	DA	YR				
14. AUTHENTICATION									
<p align="center">CONFIDENTIAL</p> <p align="center">PERIODIC STEP INCREASE - AUTHENTICATION</p>									

FORM NO. 560a
1 MAR. 58

SECRET

PERSONNEL FOLDER 141

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HUNT HOWARD E	513842	GS-15-4	\$12,420	\$13,670

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD F		3. ASSIGNED ORGAN. DDP/WH		4. FUNDS UV		5. ALLOCATION	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO	DA	YR				MO DA YR
15	1	\$12,150	08	12	56	15	4	\$12,420	02 09 58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP			
IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK		11. AUDITED BY	
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS			
GRADE	STEP	SALARY	MO	DA	YR				
14. AUTHENTICATION									

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
HUNT, E. HOWARD			9 Oct 1918	M	GS-15 2
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops Officer (C-)			DDI/DODS/REP		Wash., D.C.
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
20 April 1953			1 March 1952 - 31 March 1953		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Supervises all Division propaganda operations. (employees, 7 projects)					S
SPECIFIC DUTY NO. 2					RATING LETTER
Project Officer WURONBOW.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Project Officer WUEUSTLER.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODS foreign and domestic propaganda operations.					A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P/S

17 APR 1953

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 013842	
SECTION A - GENERAL					
1. NAME (Last) (First) (Middle) HUNT, E. HOWARD		2. DATE OF BIRTH 10/09/13	3. SEX M	4. GRADE GS-15	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer (Ch)		7. OFF/DIV BR OF ASSIGNMENT DDP/DODS/R&F		8. CURRENT STATION Wash., D.C.	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 31 May 1964		12. REPORTING PERIOD (From to) 31 March 1963 - 31 March 1964			
SECTION B - PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Supervises all Division propaganda operations.					S
SPECIFIC DUTY NO. 2 Project Officer WUHUSTLER, WUBONBON					S
SPECIFIC DUTY NO. 3 Conducts liaison with USLA, Staffs and Area Divisions as required to coordinate DODS foreign & domestic propaganda					S
SPECIFIC DUTY NO. 4 operations.					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S
26 MAY 1964					

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has performed in a manner quite consistent with his long and broad experience in many aspects of the craft of intelligence. His senior grade, his special expertise in the field of propaganda and publication and his very high intellect have contributed to the division's operations in the public media field a sharp focus, an economical concentration of money and effort and a consequently heightened impact. In the WUHUSTLER project, Subject vindicated his faith in a moribund clandestine asset by demonstrating, after about a year and a half under his personal direction, that it is one of the most effective activities of its kind. Before Subject assumed direct responsibility for this project, it had suffered from visionary and diffuse direction and from poor case officer-agent rapport. Subject's personal handling of this operation is marked by excellent rapport and the project prospers on an entirely reoriented basis which the agent himself enthusiastically welcomes.

Subject's supervisory responsibility has extended over [] secretaries, from [] professional staffers [] and [] professional career employees []. The fairness and precision of his management has patently won their respect and inspired their performance.

(Continued on additional sheet)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 20 May 64	SIGNATURE OF EMPLOYEE <i>E. Howard Smith</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYED HAS BEEN UNDER MY SUPERVISION 24 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 19 May 1964	OFFICIAL TITLE OF SUPERVISOR DCOS	TYPED OR PRINTED NAME AND SIGNATURE <i>Stanley H. Gaines</i> Stanley H. Gaines
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL <i>Chen</i>		
DATE 19 May 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL <i>Chief, I.C. Bureau</i> 21 May 1964	TYPED OR PRINTED NAME AND SIGNATURE <i>C.T. Gaines</i> C.T. Gaines

SECRET

SECRET

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 013842	
SECTION A GENERAL					
1. NAME (Last) Hunt, (First) E. (Middle) Howard		2. DATE OF BIRTH 10/09/18	3. SEX M	4. GRADE GS-15	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer (CH)		7. OFF/DIV/BR OF ASSIGNMENT DDP/DOD/CA		8. CURRENT STATION Washington, D. C.	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <small>CAREER-PROVISIONAL (See instructions - Section C)</small>		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 30 April 1965		12. REPORTING PERIOD (From - to) 1 April 64 - 28 February 1965			
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Supervises all DO Division propaganda operations.					S
SPECIFIC DUTY NO. 2 Project officer for WUHUSTLER, WUBONBON, WUPUNDIT.					S
SPECIFIC DUTY NO. 3 Conducts liaison with USIA, Staffs and Area Divisions to coordinate DO propaganda operations.					S
SPECIFIC DUTY NO. 4 Supervises one CS staff officer and secretary under official and two career agents and several witting proprietary hires under project cover.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Mr. Hunt continued to direct the propaganda activities of the DO Division in a superior professional manner until 12 October 1964, when he was incapacitated by illness. On his return from sick leave on 7 December, he was detailed to the Office of the DD/P and officially transferred to that office on 28 February 1965. DO Division can only view this transfer with considerable regret.</p> <p>Mr. Hunt, by virtue of his personal background, has a unique flair and competence in the propaganda field. Over and above, but complementary to these special skills, his extensive experience in the CS, his sound judgment, high and creative intellect and other commendable personal qualities contributed significantly to the successful prosecution of DO's efforts in the media field. These same attributes, attest, in my judgment, to his suitability for employment as a Station Chief or in any other position requiring broad knowledge of and skill in the CS business. He is very cost conscious and an effective supervisor. He enjoys the respect of all personnel under his supervision, official and non-official, as well as that of all his co-workers in the Division and Station.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
7 April '65	<i>E. Edward Hunt</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
16			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPE OR PRINTED NAME AND SIGNATURE	
8 APR 1965	DO/Executive Officer	<i>Thos. P. Schreyer</i> Thos. P. Schreyer	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur generally with the foregoing. I would, however, be less inclined to recommend him for a COS job. He could do it but I do not consider that details of management or handling of people his forte -</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPE OR PRINTED NAME AND SIGNATURE	
5 April 1965	Chief, DO Division	<i>C. Tracy Barnes</i> C. Tracy Barnes	

SECRET

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee
Number 013842, DOB: October 1918;
EUR/CA; Career; Service Designa-
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1969

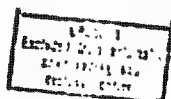
MONTHS UNDER MY SUPERVISION: 7

OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.



SECRET

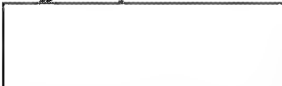
SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.


Chief of Operations
European Division

I certify that I have seen the above fitness report.

Richard Hunt

Date: 4/5/69

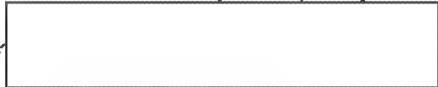
- 2 -

SECRET

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.


Deputy Chief,
European Division

SECRET

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(When Filled In)

SECURITY APPROVAL

DATE : 21 September 1966

YOUR
REFERENCE:

CASE NO. : 23500

TO : Director of Personnel

ATTN :

SUBJECT : HUNT, Everette Howard Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made for entrance on duty within 150 days, this approval becomes invalid.
3. As part of the entrance on duty processing:
 - ☐ A personal interview in the Office of Security must be arranged.
 - ☒ A personal interview is not necessary.
 - ☐ Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.
4. This is a Conversion Action. This is issued in advance of Form #577.

FOR THE DIRECTOR OF SECURITY:

Steven L. Kuhn
Steven L. Kuhn
Chief, Personnel Security Division

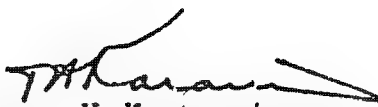
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to [] for a special undertaking in behalf of the DD/P. He left for [] in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".


Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

SECRET

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
HUNT	S.	Howard	10/9/18	126 05 1970
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

S. Howard Hunt

DATE

Feb. 13, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

9N1785-1 10 10 1968
13NNCS 10 10 1968

89. MAY 61 01 61 63J

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 18, 1968.)
176-101

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

Central Intelligence Agency
(Department or agency) (Bureau or division) (Place of employment)

I, Harold E. Howard, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States, or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

1946
(Date of entrance on duty)

Harold E. Howard
(Signature of appointee)

Subscribed and sworn before me this 19 day of September, A. D. 1946.

at Langley Virginia
(City) (State)

[SEAL]

John R. Stokely
(Signature of officer)
Assistant Chief
(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 13, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State) <div style="border: 1px solid black; padding: 2px;"> </div> Rivers Road Potomac, Md. 20854			
2. (A) DATE OF BIRTH <div style="border: 1px solid black; padding: 2px;"> Oct. 9, 1918 </div>		(B) PLACE OF BIRTH (city and State or city and foreign country) <div style="border: 1px solid black; padding: 2px;"> Hamburg, N. Y. </div>	
3. (C) IN CASE OF EMERGENCY, PLEASE NOTIFY <div style="border: 1px solid black; padding: 2px;"> Dorothy L. Hunt </div>		(D) TELEPHONE NO. <div style="border: 1px solid black; padding: 2px;"> 299 7366 </div>	
(A) RELATIONSHIP <div style="border: 1px solid black; padding: 2px;"> wife </div>		(C) STREET AND NUMBER, CITY AND STATE <div style="border: 1px solid black; padding: 2px;"> 11120 River Rd. Potomac Md. </div>	

6. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED		RELATIONSHIP	MAR. PHO (Check one)	SIN. GLE
		1.				
		2.				
		3.				
		1.				
		2.				
		3.				
		1.				
		2.				
		3.				

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
8. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	X		10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?		X
9. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	X		(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?		
<i>If your answer is "Yes," give details in Item 12.</i>					
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	X		11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:		
<i>If your answer is "Yes," give details in Item 12.</i>			A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:		Y
			(1) YOUR CONDUCT WAS NOT SATISFACTORY?		Y
			(2) YOUR WORK WAS NOT SATISFACTORY?		
			B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:		X
			(1) YOUR CONDUCT WAS NOT SATISFACTORY?		X
			(2) YOUR WORK WAS NOT SATISFACTORY?		
			C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?		X
<i>If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken</i>			<i>If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.</i>		
6. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRIED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	X				
<i>If your answer is "Yes," give dates of and reasons for each debarment in Item 12.</i>					

[illegible]

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

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(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle)		SOCIAL SECURITY NUMBER
EAST E. Howard		126 05 4970
1. RESIDENCE DATA		
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
Washington, D.C.		
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	HOME LEAVE RESIDENCE	
Potomac, Maryland		
2. MARITAL STATUS (Check one)		
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED		
IF MARRIED, PLACE OF MARRIAGE		DATE OF MARRIAGE
Hillbrook, N.Y.		6 Sept. '49
IF DIVORCED, PLACE OF DIVORCE DECREE		DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED		DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)		
3. MEMBERS OF FAMILY		
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NO.
Dorothy Louise Eust	11120 River Rd. Potomac, Md	299 7366
NAMES OF CHILDREN	ADDRESS	SEX DATE OF BIRTH
Lisa		F 9 March '50
Kevin		M 17 Nov. '52
Howard S.		M 22 March '54
David		M 1 Sept. '55
NAME OF YOUR FATHER (If male guardian)	ADDRESS	TELEPHONE NO.
	deceased	
NAME OF YOUR MOTHER (If female guardian)	ADDRESS	TELEPHONE NO.
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.		
wife		
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP	
Mrs. E. Howard Eust	wife	
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER	
11120 River Road Potomac 20854 Md.	299 7366	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION
IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)		YES NO
yes		X
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)		YES NO
yes		X
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)		YES NO
		X
The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.		
CONTINUED ON REVERSE SIDE		
CURRENT RESIDENCE AND DEPENDENCY REPORT		

CONFIDENTIAL

(When Filled In)

5. VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p>		
<p>Riggs National Bank of Washington (F&H Branch) Washington 7, DC</p>		<p>Dorothy L. and/or Howard Hunt</p>
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>		
<p align="right">SD box, Riggs Bank</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p align="center">Mr. Wm. F. Buckley, Jr. Wallacks Point, Stamford, Conn.</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
<p align="center">wife</p>		
<p>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</p>		
<p>SIGNED AT</p>	<p>DATE</p>	<p>SIGNATURE</p>

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SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain rating given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties as described, if applicable.

Mr. Hunt is an officer with real ability, creative and managerial. During the period under review, he has done a great deal to tighten up the operation of his shop. The amorphous aspects of some projects he inherited have been eliminated or cut down to size. He has a pleasant and engaging personality and a broadly based background.

If there are any areas of weakness in his performance it is only because his potential is so considerable. For example, it is possible that the staff and planning aspects of his job could receive more attention although, admittedly, there is a large grey area between the responsibilities of the CA Staff and the responsibilities of DODS in this respect.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 2 March 1963	SIGNATURE OF EMPLOYEE <i>E. W. Hunt</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 13 APR 1963	OFFICIAL TITLE OF SUPERVISOR DODS/EXO	TYPED OR PRINTED NAME AND SIGNATURE <i>R. H. Cunningham</i> R. H. Cunningham
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 14 June 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Staff	TYPED OR PRINTED NAME AND SIGNATURE <i>C. Ray Davis</i> C. Ray Davis

SECRET

SECRET

(When Filled In)

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I

BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. NAME (Last-First-Middle) DATE OF BIRTH
 0135842 Hunt, E. Howard Oct 7, 1918

SECTION II

EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED ADDRESS (City, State, Country) YEARS ATTENDED (From-To) GRADUATE
 Hamden High Hamden, N.Y. USA 1932-36 ☒ YES ☐ NO

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/QR. HRS. (Specify)
	MAJOR	MINOR				
Brown U. Providence, P.I.	English		1936-40	A.B.	40	

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

SECTION III

MARITAL STATUS

1. PRESENT STATUS (Single/Married/Annulled/Separated/Divorced/Annulled/Remarried) SPECIFY: Married

2. NAME OF SPOUSE (Last) (First) (Middle) (maiden)
 Hunt Dorothy Louise WEIDFEL

3. DATE OF BIRTH 1 April 1910

4. PLACE OF BIRTH (City, State, Country) Dayton, Ohio, USA

5. OCCUPATION Researcher

6. PRESENT EMPLOYER

7. CITIZENSHIP USA

8. FORMER CITIZENSHIP(S) COUNTRY(IES)

9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV

DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

FORM 444n
2-68

SECRET

60 14-911

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	OTHER ASSIGNMENT
		Oct 23 - 3-10-68					

SECTION VI TYPING AND STENOGRAPHIC SKILLS	
1. TYPING (WPM) 2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED - CHECK THE APPROPRIATE ITEM <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY:

SECTION VII SPECIAL QUALIFICATIONS
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED

SECTION VIII MILITARY SERVICE	
CURRENT DRAFT STATUS	
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. NEW CLASSIFICATION
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS	4. IF DEFERRED, GIVE REASON

MILITARY RESERVE, NATIONAL GUARD STATUS	
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD	1. CURRENT RANK, GRADE OR RATE 2. DATE OF APPOINTMENT IN CURRENT RANK 3. EXPIRATION DATE OF CURRENT OBLIGATION
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (Active) <input type="checkbox"/> STANDBY (Inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED	5. MILITARY MOBILIZATION ASSIGNMENT
6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED	

MILITARY SCHOOLS COMPLETED (Entered Active, Reserve Duty, or as Civilian)			
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	RESIDENT
			AGENCY SPONSORED

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS		
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP
		FROM TO

SECTION X REMARKS	

DATE <i>Oct 7, 1968</i>	SIGNATURE - EMPLOYEE <i>E. Howard Smith</i>
----------------------------	--

SECRET

(B-EN FILL IN)

APPLICANT CODING DATA

1. ID		2. APPL. NO.		3. NAME	
◁ 2		0-DIGITS		MUST CONTAIN 20-DIGITS	
4. DATE OF BIRTH			5. DATE CODED		
MO	DA	YR	MO	DA	YR
•			•		

THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.

1. ID		2. EMPLOYEE N°		3. NAME		4. LANGUAGE DATA CODE								
◁ 3 •		•		3-LETTERS •		BASE CODE •		R	W	P	S	U	T	YR
5. DATE SUBMITTED				6. DATE OF BIRTH				WHEN FORM 4146 DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)						
MO		DA		YR		MO								
•						•								

1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST									
5.	013842	HUN	C	BASE CODE	R	W	P	S	U	T	YR		
				BK50	1	0	1	0	1	3	57		
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST			8. DATA FOR ITEM 2						
BASE CODE				R	W	P	S	U	T	YR	MO	DA	YR
BK50				2	1	2	1	1	4	66	11	19	66
EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.													

[illegible]

(When Filled In)

1. EMPLOYEE SERIAL NO. 013342	2. NAME (last-first-middle) HUNT E. HOWARD	3. DATE OF BIRTH 2-5-1918
----------------------------------	---	------------------------------

IF YOU HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE,
CHECK (X) BOX AT RIGHT AND LEAVE OTHER ITEMS BLANK.

SKILL FACTORS[illegible]

Spanish - translator + interpreter

0077

64-117-103

DATE _____

I CERTIFY that the information given above is true and accurate to the best of my knowledge and belief.

DATE _____

SIGNATURE

(GREEN FILLER IN)

QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA					
1. ID	2. APPL. NO.	3. NAME			
< 2	0-DIGITS	MUST CONTAIN 20-DIGITS			
4. DATE OF BIRTH MO DA YR		5. DATE CODED MO DA YR	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 12-2, MASTER QUALIFICATIONS CODING RECORD.		

LANGUAGE CODING DATA - FORM 444c															
1. ID		2. EMPLOYEE NO.		3. NAME		4. LANGUAGE DATA CODE									
< • 3 •				3-LETTERS		BASE CODE		R	W	P	S	U	T	YR	
5. DATE SUBMITTED				6. DATE OF BIRTH				WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)							
MO		DA		YR		NO									DA
•						•									

LANGUAGE PROFICIENCY TEST DATA															
1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST											
		3-LETTERS	C-A-D	BASE CODE	R	W	P	S	U	T	YR				
65	013042	HUN	C	BL18	H	H	H	H	H	3	62				
6. LANGUAGE DATA AFTER TEST										7. DATE OF TEST			DATA FOR ITEM 2 THRU 7 IS		
BASE CODE				R	W	P	S	U	T	YR	MO	DA	YR	EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.	
BL18				I	H	I	H	H	3	67	04	18	67		

NO JUL 1967

[illegible]

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY																
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)				3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST								
		HUNT, E. EDWARD				A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR
5. LANGUAGE DATA AFTER TEST								6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION		
LAN. CODE	R	W	P	S	U	I/T	YEAR	04/18/67		10/09/18		15		EUR		
NOTICE TO PERSON TESTED																
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD)</u> BL16 AND YOUR TEST SCORES ARE AS FOLLOWS: <u>(NAME OF LANGUAGE)</u>																
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS						
I		+		I		H		H		2 = ZERO 1 = INTERMEDIATE 3 = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE						
11. REMARKS										12. SIGNATURE						
CODED FOR COMMUNICATIONS										Ker						
										13. LD NUMBER						
										13670						

FORM 11-64 1273

OBSOLETE EDITIONS

(10-45)

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

1 - OP/QAB

SECRET

(When Filled In)

OFFICIAL USE ONLY (When Filled In)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT				
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.				
SECTION I BIOGRAPHIC AND POSITION DATA				
1 EMP SER NO. C13842	2 NAME (Last First Middle) HUNT E HOWARD	3 SER 10/09/18	4 DATE OF BIRTH GS -15-07	
5 SS D	6 POSITION TITLE CRS OFFICER	7 OFFICE OF ASSIGNMENT EUR	8 LOCATION (Country, City) WASH., D.C.	
SECTION II AGENCY OVERSEAS SERVICE				
AREA		TYPE TOUR	FROM	TO
MEXICO		PCS 64	30/12/51	33/04/01
EUROPEAN AREA		TDY 64	34/01/51	34/03/01
[]		PCS 64	34/05/01	36/10/01
[]		PCS 44	37/01/01	60/05/02
ASIA AREA		TDY 43	63/01/07	63/01/19 ✓
[]		TDY	64/2/12	66/12/03
<p><i>New PHS made Sept 67</i></p>				
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>OVERSEAS DATA</p> <p>CGCEJ</p> <p>DATE: 22 Jan 67 INITIALS: TME</p> </div>				
SECTION III EDUCATION				
DEGREE	MAJOR FIELD	COURSE	YEAR	
BACH	ENGLISH LITERATURE	BROWN UNIV RI	40	

1-200
1-1-66
1-1-67

SECRET

CLASS
SECRET

67 JUL ENID

Wages Paid to

SECRET

Washington, D.C. 20505

6 May 1971

Mr. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Howard:

I have taken so long in answering your letter of April 5th because of the careful consideration given to your request by all concerned, particularly as we have not had this problem before.

I am sorry to tell you that our answer is in the negative, although we have taken every approach we can think of to comply with your wishes. Very simply, the problem is as follows:

The statute states--

At the time of retirement, any married participant may elect to receive a reduced annuity and to provide for an annuity payable to his wife or her husband, commencing on the date following such participant's death . . . (emphasis added).

Our regulation on the subject repeats the language of the statute above and in addition states--

A participant may not change his election under this provision . . .

We considered the possibility of a waiver of the regulation but ran into another problem here. The act specifically provides that the Director may prescribe rules and regulations, but continues with the language that, "such rules and regulations shall become effective after approval by the chairman and ranking minority members of the Armed Services Committees of the House and Senate." The regulations as presently enacted were specifically reviewed by those Committees and approved in their present form.

Looking back into the legislative history of the act, we believe it is clear that the Committees desired our act to conform as closely as possible to Civil Service retirement, which definitely would not permit a change of election after retirement. There does not appear to have been any administrative error or misunderstanding at the time you retired and made your election, therefore, we have been unable to find any basis for making the change you request.

I think you know me well enough to agree that I like to stay as flexible in the law as I possibly can, but this seems to be one case where we are bound by specific provisions with no leeway to meet the requests of individual employees.

Sincerely,



Lawrence R. Houston
General Counsel

cc: Executive Director
DDS
Director of Personnel
OGC chrono
✓subject Retirement
OGC:LRH:jeb

HOWARD HUNT

11120 River Road,
Potomac, Maryland 20854.,
May 12, 1971.

The Honorable
Lawrence R. Houston,
General Counsel,
The Central Intelligence Agency,
Washington, D. C. 20505.

Dear Larry:

I thoroughly appreciate the thought and study you gave my problem, and while your findings are disappointing to me, I must regard them as definitive.

Reflecting on the statute, however, I find myself wondering whether such irrevocable limitation on personal choice is, first, in the public interest, and second in the interest of annuitants whose personal circumstances and civil status are subject to unanticipated change. This could be the subject of an interesting class action challenge in which, I imagine, more than a few annuitants would be eager to join.

All that aside, I'm most grateful for your efforts to help me once again.

Cordially,

Howard

SECRET

21 June 1972

MEMORANDUM FOR THE RECORD

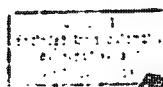
SUBJECT: Mr. E. Howard Hunt

1. On 21 June 1972 Mr. Robert Tegethoff, INR, Department of State, informed Mr. James Franklin, Chief, CCS/OCB, that the Department of State had received press inquiries in regard to Mr. E. Howard Hunt's service with the Department of State. INR had arranged for withholding any Department of State replies until CIA had been consulted. Mr. Hunt's cover record showed that he was in integrated Department of State status in Mexico from 1950 until 1953 and in [] from 1957 until 1960. He also had nominal domestic Department of State cover from 1966 until he retired in 1970. Upon retirement, Mr. Hunt was "opened up" as a CIA employee back to EOD in November 1949.

2. In the absence of both Messrs. Osborn, Director of Security, and Geiss, Deputy Director, I discussed the State Department request with Mr. Leo Dunn, Acting Deputy Director of Security for Personnel Security. He concluded that everything considered, the Department should say that Mr. Hunt was assigned to the Department while in integrated status but, when pressed, not deny his basic CIA status. While trying to clear this line with the ADDP, Mr. Geiss called and at the end of our discussion, cautioned that any guidance to the Department of State in regard to Mr. Hunt should be cleared with the DCI.

3. I then talked to Mr. Sam Halpern, EA/DDP, to determine the whereabouts of Mr. Meyer. He recommended that I talk to both Messrs. Meyer and Colby who were in the OPFB think tank.

SECRET



SECRET

4. As I was leaving my office, Mr. Tegethoff called Mr. Franklin a second time to say that in the evening of 20 June 1972, Mr. John King, Department of State's Press Office, and Mr. John Unumb of CIA had discussed press inquiries in regard to Mr. Hunt which were made to the Department of State in the afternoon of 20 June 1972. These inquiries had particular reference to Mr. Hunt's biography in WHO'S WHO IN AMERICA showing him as Department of State employee since 1968 and listing his office at the Department of State. Messrs. Unumb and King agreed the press should be informed that he was not on the State Department's payroll during the period. Mr. Unumb confirmed this arrangement when I called him and said that he had added that Mr. Hunt retired in good standing from CIA in April 1970. I also cleared the proposed guidance with Mr. Ted Shackley, Chief, WH Division.

5. I then saw Messrs. Colby and Meyer, outlined the Department of State's request and our proposed reply that Mr. Hunt, during his integrated service in Mexico and [] was assigned to the Department of State. This information would not be volunteered by the Department of State, and Mr. Hunt's basic status as a CIA employee would not be denied if raised by members of the press. Messrs. Colby and Meyer agreed that this was the only feasible line to take. I then asked Mr. Colby whether additional clearance from the DCI was required. He replied that it was not, and that he would brief the DCI.

6. I informed Mr. Geiss of Messrs. Colby's and Meyer's decision and then called Mr. Tegethoff and provided him the agreed guidance.

/s/ ERICH W. ISENSTEAD

ERICH W. ISENSTEAD
Chief, Central Cover Staff

Orig - C/OCE/CCS; File 1083 (Hunt)
EA/DDP; ADOP
DD/Security
Mr. Unumb, Deputy Asst to the DCI
Chrono

-2-

SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	Chief, TRB		
2			
3			
4			
5			
6			
<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION
<input type="checkbox"/>		<input type="checkbox"/>	PREPARE REPLY
<input type="checkbox"/>		<input type="checkbox"/>	RECOMMENDATION
<input type="checkbox"/>		<input type="checkbox"/>	RETURN
<input type="checkbox"/>		<input type="checkbox"/>	SIGNATURE
Remarks: Janet: Please file the attached document in the Official Personnel Folder on E. Howard Hunt. The Hunt OPF was returned to you for retention on 6 May 1976. Thanks.			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
Bonnie, OD/Pers			21 May 76
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM					
UNCLASSIFIED		CONFIDENTIAL		SECRET	
OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS	DATE	INITIALS		
1	DD/Security, 4E-60	6/22	[Signature]		
2	D/O	22 JUN 1972	[Signature]		
3					
4	ADD/PS	4/26/72	[Signature]		
5	File				
6					
ACTION		DIRECT REPLY		PREPARE REPLY	
APPROVAL		DISPATCH		RECOMMENDATION	
COMMENT		FILE		RETURN	
CONCURRENCE		INFORMATION		SIGNATURE	
Remarks: <div style="text-align: center;">E. Howard Hunt</div> <div style="text-align: right; transform: rotate(-15deg); border: 1px solid black; padding: 2px;">BY HAND</div>					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO				DATE	
C/CS (9164)				21/57	
UNCLASSIFIED		CONFIDENTIAL		SECRET	

SECRET

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 1970-08-10	
1. SERIAL NUMBER 102100 ✓		2. NAME (Last; First-Middle) SMITH, E. HENRY					
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 01 62		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS 		V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE 0001-100-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)
		CF TO V		CF TO CF			
9. ORGANIZATIONAL DESIGNATIONS OFFICE OF THE CTR Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Chief of Staff				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0000		16. GRADE AND STEP GS-10		17. SALARY OR RATE \$10000 ✓	
18. REMARKS PMA: Date as above/let SC/4/1/ans & Research Group PMA in accordance with R 20-590.3(a)E 100 - Security 100 - Payroll <div style="float: right; border: 1px solid black; padding: 5px;">RECEIVED BY CSD 100</div>							
18A. SIGNATURE OF REQUESTING OFFICIAL Rosenfeld APPROVING COMMANDER, JCS, c/o				DATE SIGNED 10/1/62		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER H. Lipp	
DATE SIGNED 22/62							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37		20. EMPLOY CODE 10		21. EFFICIENCY CODING NUMERIC ALPHABETIC 100000 00		22. STATUS CODE	
23. RETIREMENT DATA 1 = YES 2 = NO		24. SEPARATION DATA CODE		25. CORRECT IN CURRENT DATA YES NO		26. SECURITY REQ. NO.	
27. VET. PREFERENCE CODE 1 = NONE 2 = 1st 3 = 2nd		28. SERV. COMP. DATE MO DA YA		29. SERG. CREDIT/CODE 1 = YES 2 = NO		30. FEEL /-W/- NE ADANT YES NO	
31. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 = NO PREVIOUS SERVICE 2 = NO PRIOR IN SERVICE 3 = PRIOR IN SERVICE LESS THAN 12 MOS 4 = PRIOR IN SERVICE MORE THAN 12 MOS		32. LEAVE CAT. CODE		33. FEDERAL TAX DATA CODE 1 = YES 2 = NO		34. STATE TAX DATA CODE 1 = YES 2 = NO	
35. POSITION CONTROL CERTIFICATION mhm 1-35 K		36. O.P. APPROVAL H. Lipp					

SECRET

NOTIFICATION OF PERSONNEL ACTION													
PAS: 23 JUNE 1960													
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth		4. Vet. Prof.		5. Sex		6. CS - EOD	
513842		HUNT E HOWARD				Mo. Da. Yr. 10 09 18		None-0 Code 1		M 1		Mo. Da. Yr. 11 08 49	
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority				10. Assoc. Aff. Sec.		11. FEGLI		12. LCD	
Mo. Da. Yr. 05 24 44		Yes-1 No-2 Code 1		50 USCA 407 J				Mo. Da. Yr. 11 08 49		Yes-1 No-2 Code 2			

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WH BRANCH 2											
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 1 USMID - 3 Frign - 5		Code 5		ATT POL OF 1st SEC CON CHIEF OF STATION		0162		FSR GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSL		26. Appropriation Number	
03 15 5		\$ 13640 13970		D		Mo. Da. Yr. 06 25 60		Mo. Da. Yr. XX XX XX		0135 5870 3000	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
CONVERSION FROM FSR STATUS		60		Mo. Da. Yr. 06 25 60		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 2				4651						76031	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 1 USMID - 3 Frign - 5		Code 5		CHIEF OF STATION		0162		GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSL		43. Appropriation Number	
15 5		\$ 13970		D		Mo. Da. Yr. 06 16 53		Mo. Da. Yr. XX XX XX		0135 5870 3000	

44. Remarks

POSTED

06-24-60 WK

SECRET
REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Year Prof	5. Sex	6. CS - EOD
	HUNT, E. HOWARD	Mo. Da. Yr. 10 09 18	Note: 0 5 Pr: 1 10 Pr: 2 1	M 1	Mo. Da. Yr.
7. SCB	8. CSC Point	9. CSC Or Other Legal Authority	10. Agent All. Gr.	11. FEGLI	12. ICD
Mo. Da. Yr.	Yes: 1 Code No: 2		Mo. Da. Yr. Yes: 1 Code No: 2	Mo. Da. Yr. Yes: 1 Code No: 2	Mo. Da. Yr. Yes: 1 Code No: 2

5A PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP WH BRANCH 2			
16. Dept. Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. Code USIld - 5 Frgn. -	ATTACHE POL OFC 1ST SEC CONSUL CHIEF OF STATION	DAP-162	PSR 05 0136.01
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade PS. PSI Due
3 15 5	13,640 13,970	D	Mo. Da. Yr. Mo. Da. Yr.
			25. Appropriation Number
			0135 5870 3000

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
CONVERSION FROM PSR STATUS	60	MOB 25 06 24 60	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP WH BRANCH 2			76091
33. Dept. Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. Code USIld - 5 Frgn. -	CHIEF OF STATION	DAP-162	05 0136.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade PS. PSI Due
15 5	13,970	D	MOB 16 23 05 01
			42. Appropriation Number
			0135 5870 3000
SOURCE OF REQUEST		Request Approved By (Signature And Title)	
A. Requested By (Signature And Title) WH/PERSONNEL OFFICER			
B. For Additional Information Call (Name & Telephone Ext.) X8242			
CLEARANCES			
Clearance	Signature	Date	Clearance
A Career Board			D. Placement
B Pos. Control			
C Classification			F. Approved By
Remarks Subject resigned effective MOB 24 June 1960.			

NO 1152

SECRET

Attachment to Fitness Report of Howard Hunt 31 March 63 - 31 March 64

Section C (Continued)

Special mention should be made of Subject's objectivity and integrity in carrying out his responsibilities. These were best demonstrated when he promptly and swiftly terminated a large and effective radio broadcasting project, to establish which he and his subordinates had labored hard, immediately upon belated discovery that insuperable, practical obstacles precluded realization of the project's theoretical potential.

Subject's professional background has attuned his constant attention to FI operational opportunities arising in the course of his current CA activities, a practice consistent with his habit of seeking maximum benefit for every dollar spent in time, effort or cash.